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

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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 200*, 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 achronic 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 [4, 5].

- 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 pathogensis [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 melenocytes are destroyed, immunoglobulin G (IgG) and immunoglobulin M (IgM) against melanocytes, Low levels IgA ware found.

Clinical features [5].

- 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 [5] Diagnosis of Vitiligo is usually clinical.

Presence of depigmented macules (milky-white) with scalloped borders.

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- 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].

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

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.

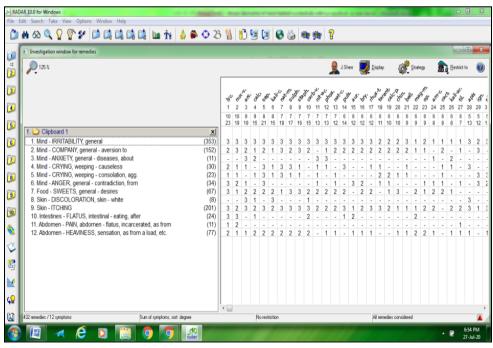


Fig 1: Repertorisation of case from Murphy's Repertory using RADAR software [11].

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 2: Follow-ups with prescription and justification

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

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

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