

A case of Vitiligo treated with Silicea

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Abstract

Vitiligo, the pigmentary disorder of indefinite cause is characterized by depigmented or hypo pigmented patches that result from absence or reduction in melanocytes .Vitiligo a disease of cosmetic problem but has much psychosocial impact. The success rate in treating this condition in conventional medicines is limited and sometimes, treatment follows with side effects. Efficacy of Homeopathic medicine in treatment of Vitiligo has fewer case records documented in the past. This is a case treated at Out Patient Department of Motiwala Homoeopathic Medical College and Hospital. The case was treated with Homoeopathic medicine silicea over a period of six months with steady improvement which is evident from the photographs and baseline scores arrived at by using Vitiligo Assessment Score Chart develop by CCRH, which was 16 at the entry and became Zero at the end of sixth month.

Keywords: Homoeopathy, Vitiligo, Silicea.

Introduction: Vitiligo is an acquired condition in which circumscribed depigmented patches develop on the skin or Mucous membrane. It affects 1% of the population world-wide.¹

Although any part of the skin and /or mucous membrane may be affected, the disease has a predilection for normal hyper pigmented regions such as the face, groin, axillae, areola, and genitalia. Furthermore, lesions may develop in other areas such as the ankles, elbows, knees which are subjected to repeated trauma/friction, an outcome of Koebner's phenomenon.² White areas are common around the body openings such as the eyes, nostrils, mouth , nipples, umbilicus and anus and beside these the palms, soles , scalp ,and mucous membranes may also be affected.³

The disease is having a major impact on the quality of life of patients. Many patients feel distressed and stigmatized by their condition. Most of the patients report the feelings of embarrassment, which can be lead to a low self-esteem and social isolation.⁴

Available treatment options are disappointing and sufferers often use various forms of camouflage (remedial cosmetic cover creams) to conceal the blemish of Vitiligo temporarily⁵. Instead, phototherapy with narrow band ultraviolet B therapy and psoralen + UVA therapy are the most recent advances in the medical front.⁶

The scope of homoeopathic treatment extends beyond the physical symptoms and the approach is more holistic in nature .Homoeopathy does not considers any one part as being ill but considers the manifestations of illness in one part in its relation to the whole man.⁷

This is a case report of 8 year old school girl, treated at Out Patient Department of Motiwala Homoeopathic Medical College and Hospital. The case was treated with Homoeopathic medicine silicea over a period of six months with steady improvement which is evident from the photographs and baseline scores arrived at by using Vitiligo Assessment Score Chart develop by CCRH⁸.

The base line score according to Vitiligo Assessment Score Chart was 16 at entry and the end of sixth month Vitiligo Assessment Score Chart was Zero.

Case Summary – The patient, a girl of 8 years old, presented with de-pigmented patches on both eyelids since 12 months. The affected area was milky white in colour. Lesions started first on both eyelids as small patches and later it expanded. Patient had received conventional treatment for a period of one year without any improvement.

Patient had desire for sweets and aversion of meat. She could not tolerate cold. She would suffer from headache after riding in a bus or any type of vehicle. She is very rigid and goes any length to get her desires full filled. At the same time she maintains a very low profile at school due to lack of self confidence. She had habit of night walking in sleep.

There is no family history of Vitiligo. Her childhood history had no significant events. On examination it was found that she had no systemic problem. She is thin built and fair complexioned. Weight 28kgs, Height 150cms.

Schroyens F. synthesis repertory [9.0 version] was referred for repertorization of case. The following symptoms were considered for repertorization. The repertorization chart given below [Figure 1].

Rubrics taken for Repertorization –

- Mind – Obstinate –children
- Mind – Confidence –want of self confidence –school, in
- Mind - Somnambulism
- General –Food and Drinks – sweets - desire
- General – Food and Drinks-meat – aversion
- Personal chapter- chilly
- Skin – Discoloration- white
- Head –pain-riding-carriage, in a

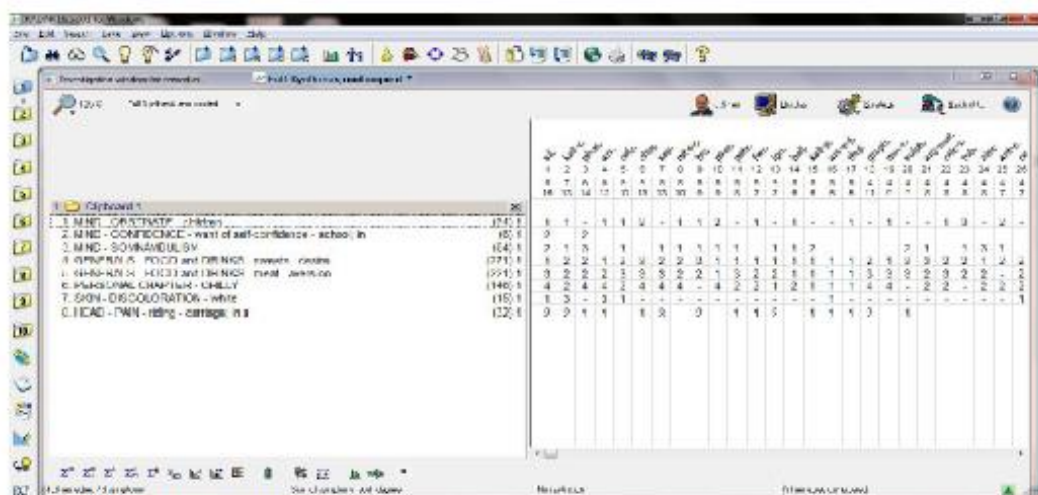
Table 1: Assessment Score Chart ⁸

Type	0 Improving	1 Stationary	2 Resistant	3 Progressive
Site of the lesion		1 Follicular	2 Mucosal	3 Acral
No of Patches	0 Absent	1 Single patch	2 Segmentary	3 Generalized/ universal
Hair in patch	0 Black		2 White	
Margins of patch		1 Normal	2 Inflamed	
Color of patch	0 Normal (Body colour)	1 Pigment spots on patch	2 Pink/red	3 Milky white
Re-pigmentation	0 Fully pigmented	1 Perifollicular pigmentation	2 Hyper-pigmentation of margins	3 No pigmentation
Grading score	Mild (2 – 6)	Moderate (7-12)		Severe (13-19)

Baseline Assessment Score Of the Patient on First Visit -

Type				3 Progressive
Site of the lesion		1 Follicular		
No of Patches			2 Segmentary	
Hair in patch			2 White	
Margins of patch		1 Normal		
Colour of patch				3 Milky white
Re-pigmentation				3 No pigmentation

Figure 1. :



Follow up along with score-

DATE	AT ENTRY 13/02/2017	15/03/2017	17/04/2017	20/05/2017	15/06/2017	10/07/2017
Vitiligo Areas and other complaints	On both eyelids. Headache after riding in bus or any type of vehicle. Night walking in sleep.	There was no change in patches of both eyelids. No headache after riding in bus or any type of vehicle. Obstinacy decrease.	There was no change in patches of both eyelids. No Night walking in sleep. Confidence in school increase.	Slightly decrease in patches of eyelids.	The patches are improving to normal skin.	Both eyelids completely covered with repigmentation and showed normal skin.
Score	15	15	15	10	06	0
Medicine	Silicea 30C Single dose with placebo	placebo	Silicea 30C Single dose with placebo	placebo	placebo	Placebo

Discussion and Conclusion –

Reportorial analysis, suggested Silicea (8/16), Kali Carbonica (7/13) and Phosphorus (6/14). Kali carbonica and Phosphorus that stand next to Silicea on repertorization are mentally better adopted. While Phosphorus being active, kali carbonica though obstinate is confident and focused. The patient in discussion was neither active like phosphorus nor confident like Kali carbonica. Hence Silicea in 30C potency, single dose was administered on 13/02/2017. In subsequent follow-ups the patient showed improvement in her generals with relief in headache after riding in a carriage and somnambulism. It was found that the confidence in school also increased. But there was no change in de-pigmentation on eyelids. The improvement in generals of the patient led to repetition of silicea 30c single dose on 17/04/2017. The second dose of silicea 30C prompted pigmentation in the hitherto depigmented eyelids of the patient. The improvement of the patient reaffirms the principles of single medicine, minimum dose and infrequent repetition as advocated by Hahnemann and speaks about the success of Homoeopathy in the management of vitiligo. Silicea was selected after considering the mental generals, physical generals and particular symptoms of the patient



Figure -1 Date – 13/02/2017

Figure – 2 Date – 10/07/2017

References -

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