INTRODUCTION
The word Vitiligo is derived from the Latin vitellus, meaning calf. The white spots of vitiligo resemble white patches on a calf. Vitiligo is characterized histologically by absence of epidermal melanocytes. It may be an autoimmune disease associated with antibodies (vitiligo antibodies) to melanocytes. Studies suggest there is some genetic mechanism involved in the etiology of vitiligo and that it is polygenic in nature. There is a positive family history in at least 30% of cases. Both sexes are affected equally. The production of melanin in the skin by melanocytes is increased by the action of sunlight.

When the skin requirement of melanin is not met well from our daily food (i.e. food without vegetables, fruits etc.) then skin becomes discoloured from the areas of the skin where the colouring pigment melanin is less supplied, and skin becomes white. Thus proper and balanced diet is very necessary for the maintenance of skin colour. Excessive fried food, alcohol, meat, eggs and fish destroys the body tissues and cells and thus affect the manufacture of colouring pigment for the skin.

According to Homoeopathy, skin disease is an external manifestation of the internal imbalance of the vital force i.e. no external malady can arise, persist or grow without some internal deviation. It is the internal affection that has to be treated, restoration of the internal imbalance itself leads to disappearances of external manifestations.

Homoeopathy offers a holistic approach that is its application is based upon individual variations of the sufferers of same ailment. Thus, it not only considers the local aspect of the disease but also considers the diseased persons as an individual. Thus, it not only considers the local aspect of the disease but also considers the diseased persons as an individual. Treatment of skin disease is not limited to the external applications but also considers the diseased persons as an individual. Treatment of skin disease is not limited to the external applications but also considers the diseased persons as an individual.

KEYWORDS
SKIN - DISCOLORATION, - brown,liver spots
SKIN - DISCOLORATION, - dirty
SKIN - DISCOLORATION, - green spots
SKIN - DISCOLORATION, - pale
SKIN - DISCOLORATION, - red

A Case Study of Vitiligo

Dr. Ramesh Prasad, Research Officer (Homoeopathy), Regional Research Institute for Homoeopathy, Dr. MPK Homoeopathic Medical College & Hospital, Station Road, Jaipur - 302 006, Rajasthan (India)

ABSTRACT
Homoeopathy is able to treat vitiligo with different level of success. Some cases were fully cured whereas a re-occurrence of white spots were noted in few cases, although the intensity of white spots were lessened. All treated cases responded to homoeopathy, therefore, we may draw a conclusion that it is feasible to manage, treat and cure cases of Vitiligo with homoeopathy.

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SKIN - DISCOLORATION, - spots
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CASE - 1

Pain forehead for last 11 months
Hands, neck, back, scalp, hair, forehead, Face, Upper and Lower part of the body, in order to allay the internal ailment).

any striking or peculiar symptoms, as well as his or her mental state, general reactions to heat, cold, storm, food and so on, or any striking or peculiar symptoms, as well as his or her pathology.

Homoeopathic View
Homoeopathy therefore requires a case-taking which includes the totality of the symptoms: the patient's temperament, mental state, general reactions to heat, cold storm, food and so on, or any striking or peculiar symptoms, as well as his or her pathology.

In Aphorism 201 Hahnemann states, "...The local affection, however is never anything else than a part of the general disease, but a part of it increased all in one direction by the organic vital force and transferred to a less dangerous (external) part of the body, in order to allay the internal ailment".

REGIONAL RESEARCH INSTITUTE OF HOMOEOPATHY, JAI-PUR
(CCRRH AYUSH DEPARTMENT GOVT OF INDIA)

"A CASE STUDY OF VITILIGO RESPONDS TO HOMOEOPATHIC TREATMENT"

Study by: Dr. Ramesh Prasad

Date: 28-7-15
Unit: RRI, (H) Jai.

Name: ABC
OPD/IPD Reg. No.: 1651/15
Age/Sex: 14 yrs / F
Article No: 01

Father's Name: XYZ
Marital Status: Unmarried

Address & Contact No: V.P.O Bajra Balam Ka Rasta, Jaipur

Education: Vth class Occupation: Student

Religion: Muslim
Veg./Non-Veg./Mixed:

Socio-economic Status:
a) Lower Group (Upto Rs. 25000/month)

Locality: Urban

Result: Mild improvement

PRESENT COMPLAINTS:
White discoloration on skin in spots since 6 year, on - Leg, hands, neck, back, scalp, hair, forehead, Face, Upper and Lower eye lid.

Pain forehead for last 11 months

< sun exposure

< physical exertion
HISTORY OF PRESENT ILLNESS
Patient was apparently well 6 year back when she started noticing appearance of white hypopigmented spots on her hair, scalp, leg, hands, forehead, neck & back, Face, Upper and Lower eye lid starting first on her Left below the eye then spread general as a whole body. The spots gradually turned into irregular patches.

Onset: starts gradually in upward direction
Location: Lower Feet of Extremities and hair, scalp, leg, hands, forehead, neck, back, Face & Upper and Lower eye lid.

She also having complains of pain in forehead for last 11 months, which aggravate by sun exposure and physical exertion and ameliorate by pressure.

PAST MEDICAL HISTORY & HISTORY OF PREVIOUS TREATMENT WITH ITS EFFECTS:
Fever lasting for 15 days, took allopathic t/t, since 3 years ago

FAMILY HISTORY:
Father:- Healthy alive
Mother:- Headache off and on since 3 yrs.
Brother:- Nothing

H/O ANY SUPPRESSION: Not specific
AILMENTS FROM: Not specific
ALTERNATING COMPLAINTS (IF ANY): Not specific

PATIENT AS A PERSON
Appetite: Satisfactory, 2-3 chapattis/meal, two meals/day
Thirst: ½-1glass at once 5-6 glass per day of cold water
Desire: Salty and sour food
Aversion: Milk, bread & sweet
Stool: Regular in morning without strain satisfactory
Urine: Day-3-4, night 1times, yellowish watery
Perspiration: On neck, palms & soles, non staining
Obstetric History: N/A
Sexual History: N/A
Bathing Habits: Regular in summer, alternate in winter with seasonal water

Thermal Reaction: Sensitive to heat, chilly
Sleep: Night 6-8 hrs, position on lateral sides, some time salivation during sleep, sound refreshing sleep.

Addiction: N/A
H/o Vaccination: Done

Mind:
Always clings to mother

Shy nature
The child is obstinate.

PHYSICAL EXAMINATION:
General:
Built: Normal
Temp.: Afebrile
Pulse: 74/bpm
B.P.:108/72 mm of hg
R/R:16/min
Clubbing: Absent
Lymphadenopathy: Not palpable
Skin: Dry & warm

SKIN
Eruptions: Nothing specific
Discharge: nil
Itching: absent

Pigmentation: Hypo-pigmented, white discolored spots and patches on her hair, scalp, leg, hands, forehead, neck & back, Face, Upper and Lower eye lids starting first on her Left below the eye then spread general as a whole body.

Analysis of the Case (Kent's method):
Mental general-
Shy, obstinate, angry

Physical general-
Desire for salty, sour food, desire for cold things, heat flushes <eating, perspiration on palms & soles

Particular-
White spots on skin, hair become gray ;pain forehead<mental exertion,<in sunlight,>in pressure

Common-
White discoloration of skin

Evaluation of the Symptoms:
Desire for Salt & Salty thing
Aversion for Sweets
Marked Pallor
Pain forehead<sun exposure
Shy
Aversion for milk
White spots

Repertorial Totality:

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Symptoms</th>
<th>Chapter/Rubric</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Desire for Salt &amp; Salty thing</td>
<td>GENERALS – FOOD and DRINKS - salt - desire</td>
</tr>
<tr>
<td></td>
<td>Aversion for Sweets</td>
<td>GENERALS – FOOD and DRINKS – Sweets - Aversion</td>
</tr>
<tr>
<td></td>
<td>Marked Pallor</td>
<td>GENERALS - ANAEMIA</td>
</tr>
<tr>
<td></td>
<td>Pain forehead&lt;sun exposure</td>
<td>HEAD PAIN – sun - from exposure to</td>
</tr>
</tbody>
</table>
Shy | MIND – TIMIDITY – children; in
Aversion for milk | GENERALS – FOOD and DRINKS – Milk - Aversion
White spots | SKIN – DISCOLORATION – white - spots

Repertorial Analysis:

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Remedies &amp; Their Relative Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Phos.-15/7</td>
</tr>
<tr>
<td>2.</td>
<td>Nat-m – 14/7</td>
</tr>
<tr>
<td>3.</td>
<td>Sulph – 13/7</td>
</tr>
<tr>
<td>4.</td>
<td>Calc – 12/6</td>
</tr>
<tr>
<td>5.</td>
<td>Sil.- 9/6</td>
</tr>
</tbody>
</table>

Justification of selection of repertory: Synthesis, because of marked mental & fine physical generals and characteristic particulars symptoms are present.

Auxiliary Measures: Yoga & Meditation.

FOLLOW-UP SHEET

Patient's Name: ABC                                         OPD/IPD No 1651/15

<table>
<thead>
<tr>
<th>DATE</th>
<th>SYMPTOMS</th>
<th>PRESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>28.7.15</td>
<td>As per repertorisation</td>
<td>Nat. Mur. 6/2Dose, Rub. 30/BD x 20 days</td>
</tr>
<tr>
<td>18.8.15</td>
<td>No change in hypopigmented spots, child’s behavior is better, general feeling better</td>
<td>Rub. 30/BD x 7 days</td>
</tr>
<tr>
<td>25.8.15</td>
<td>No change in hypopigmented spots, child’s behavior is better, general feeling better</td>
<td>Nat. Mur. 6/2Dose, Rub. 30/BD x 20 days</td>
</tr>
<tr>
<td>15.9.15</td>
<td>&gt;in hypo pigmentation, spots turning pinkish in color &amp;&gt; pain head</td>
<td>Rub. 30/3x14 days</td>
</tr>
<tr>
<td>29.9.15</td>
<td>&gt;in hypo pigmentation, spots turning pinkish in color &amp; pain head relived</td>
<td>Nat. Mur. 30/2 Dose, Rub. 30/BD x 30 days</td>
</tr>
<tr>
<td>30.10.15</td>
<td>&gt;in hypo pigmentation, spots turning pinkish in color &amp; back of the ear &amp; &gt; pain head</td>
<td>Nat. Mur. 30/2 Dose, Rub. 30/BD x 7 days</td>
</tr>
<tr>
<td>07.11.15</td>
<td>&gt;in hypo pigmentation, spots turning pinkish in color esp. below lower and upper eye lids</td>
<td>Nat. Mur. 200/1 Dose, Rub. 30/BD x 10 days</td>
</tr>
</tbody>
</table>

Justification of selection of remedy (potential differential field): After repertorial analysis & also reference to materia medica Nat. Mur. was selected.

Justification of selection of potency:
6 potency was selected as action on deep constitutional level is desired based on individuality of patient and chronicity.

Justification of repetition of doses:
In first prescriptions, Nat.Mur. 6/BD or Rubrum 30/tds is prescribed according to the chronicity and susceptibility of the patient.

Judicial interpretation of remedy response:
The remedy is expected to act on a deep constitutional level.

Diet & Regimen: Avoid sour food, salt & salty things.

Eat green vegetable.

Early morning sun bath to effected area.
<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.11.15</td>
<td>&gt;in hypo pigmentation, spots turning pinkish in color</td>
<td>Rub. 30/BD x 10 days</td>
</tr>
<tr>
<td>24.12.15</td>
<td>Sq</td>
<td>Rub. 30/3 x 7 days</td>
</tr>
<tr>
<td>08.01.16</td>
<td>Sq</td>
<td>Nat. Mur. 1M/1 Dose, Rub. 30/BD x 21 days</td>
</tr>
<tr>
<td>31.01.16</td>
<td>&gt;in spots, no new spots appearing, old spots turning pinkish in color</td>
<td>Rub. 30/3x14 days</td>
</tr>
<tr>
<td>15.02.16</td>
<td>in spots, no new spots appearing, old spots turning pinkish in color, fading away in some areas</td>
<td>Rub. 30/3x14 days</td>
</tr>
<tr>
<td>02.03.16</td>
<td>spots on forehead almost gone, spots on the hand, fingers remain</td>
<td>Rub. 30/3x 30 days</td>
</tr>
<tr>
<td>13.04.16</td>
<td>Marked improved upper &amp; lower eye lids, back of head but hand &amp; foot finger discoloration minor improvement.</td>
<td>Nat. Mur. 1M/1 Dose, Rub. 30/BD x 30 days</td>
</tr>
</tbody>
</table>

References
9. Kent J.T., Lectures on Homoeopathic Philosophy; Reprint, 1979, B. Jain publishers (P) Ltd.
10. Kent’s Repertory