



A Case of Leukoderma in a Child Treated with Homoeopathy

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ABSTRACT:

Leukoderma is also known as vitiligo. The clinical features of this autoimmune skin condition, which has a genetic predisposition, include milky white patches or scalloped-edged macules. The impacted individual experiences significant psychological discomfort. Although the treatment provided by the traditional medical system is inadequate, some patients should experience a noticeable improvement. Here, homoeopathy offers the best alternative and traditional medicine. Numerous case series and case studies have been documented that show the effectiveness of homoeopathic medicines in treating vitiligo. The advantages of tailored homoeopathic medicine in the feasibility of leukoderma therapy were also demonstrated in this case study. When the 8-year-old, dark-skinned girl came to the OPD, she had three-month-old white spots on her left cheeks under her eyes. A thorough history was taken before administering *SEPIA OFFICINALIS*, a constitutional homoeopathic medication. A customised homoeopathic medication called *SEPIA OFFICINALIS* demonstrated effectiveness in curing leukoderma in as little as three months. Pictures were used to assess the outcome.

KEYWORDS: Leukoderma, Homoeopathy, Autoimmune Disorder, Individualised Medicine

INTRODUCTION:

Leukoderma is an acquired autoimmune disease that causes skin pigmentation loss due to the death of epidermal melanocytes. Leukoderma may develop to the point where it destroys melanocyte stem cells and involves the dermal follicular reserve. Even though leukoderma affects less than 1% of people worldwide, it can affect up to 3% of people in particular groups. Based on the distribution of skin depigmentation, leukoderma has historically been divided into segmental and non-segmental forms. Particularly in dark-skinned people, leukoderma can lead to psychological stress due to the cosmetic skin changes it creates. Additionally, leukoderma is regarded as a social stigma in various regions of the world, such as rural India, especially for young girls. ⁽¹⁾

PATHOPHYSIOLOGY

Melanocyte survival is impacted by autoimmune and intrinsic variables in the pathophysiological pathway, which leads to a loss of functioning melanocytes in the epidermis. The idea that vitiligo is caused by the auto-immune death of melanocytes is one hypothesis, and it is corroborated by the fact that vitiligo is linked to several auto-immune processes. It has also been shown that there are circulating antibodies against melanocyte-specific antigens and cytotoxic T cells that are unique to melanocytes. Additionally, vitiligo has a lot of genetic markers linked to immunity. Other ideas include:

- ✓ Oxidative stress, particularly from hydrogen peroxide, when cellular defences are at a lower level.
- ✓ The melanocytes' inherent malfunction.
- ✓ Melanocytes are reduced because of dysregulation of their apoptosis and survival.
- ✓ This includes neurochemical transmitter toxicity.
- ✓ Viral diseases (like CMV) ^(2,3)

ETIOLOGY

Although the disease's aetiology is uncertain, the following explanations have been proposed:

Autoimmunity:-because of the existence of anti-melanocyte antibodies, a reaction to immunosuppressive treatment, and frequent correlations with other autoimmune diseases such as thyroiditis and type I diabetes;

Cytotoxicity:- the potential for melanocytes to be destroyed by metabolites produced during melanin production;

Chemical mediators:- that are secreted at nerve ends and have the potential to kill melanocytes or prevent the formation of melanin

Free radicals:- too many free radicals may be harmful to melanocytes.

Convergent:- a synthesis of these ideas ⁽³⁾

Genetic:- A person's susceptibility to vitiligo seems to be influenced by a number of genes, including NALP1. It is still unknown what these genes regulate.

Triggering: It seems that the pigment cells' demise must be brought on by some circumstance. Numerous triggers have been proposed, although they might not apply to every case of vitiligo (e.g., sunlight, trauma, pregnancy, etc.).

Immunological: The breakdown of pigment cells can also be attributed to the immunological system. ⁽⁴⁾ Vitiligo is commonly referred to as an autoimmune disease for this reason.

Vitiligo's precise cause is unknown. It is thought to be a genetic autoimmune illness. The hypotheses put forth are that stress, the illness can be exacerbated by thyroid problems, strong sunburns, skin injuries, chemicals, medications, and a genetic predisposition to vitiligo. Nevertheless, these theories have not yet been proven. ⁽⁵⁾

MATERIAL AND METHADODOLOGY

CASE: When the 8-year-old, dark-skinned girl came to the OPD, she had three-month-old white spots on her left cheeks under her eyes. Instead of local application and allopathic medication, the patch first behaved more like a mustard seed, sprouting every day in its original location. A prescription was written utilising repertorization and standard Materia medica following the acquisition of a comprehensive medical history.

HISTORY OF CURRENT COMPLAINT

PAST HISTORY: Her past medical history includes chickenpox in early childhood (treated allopathically) and jaundice disease when she was one year old.

FAMILY HISTORY: From a family perspective, Mother was in good health. There was a medical history of elevated blood pressure for the father.

PHYSICAL CHARACTERSTICS: A good appetite was indicated by the strong desire for seafood, salty foods, and sour foods. She had a dry tongue and drank two to three litres of water every day. There were no stains on the clothes and very little perspiration. She had a good night's sleep with no dreams. The firm, disagreeable-tasting stool was one of the indications of her irregular bowel motions. She was easily cold and had a chilly thermal reaction.

MENTAL GENERALS: The patient was generally restless, anxious, and concerned about her condition. Her memory and intelligence are strong. She was lazy and showed little interest in the business.

DIAGNOSIS: Leukoderma/vitiligo

ANALYSIS AND ASSESSMENT OF SYMPTOMS:

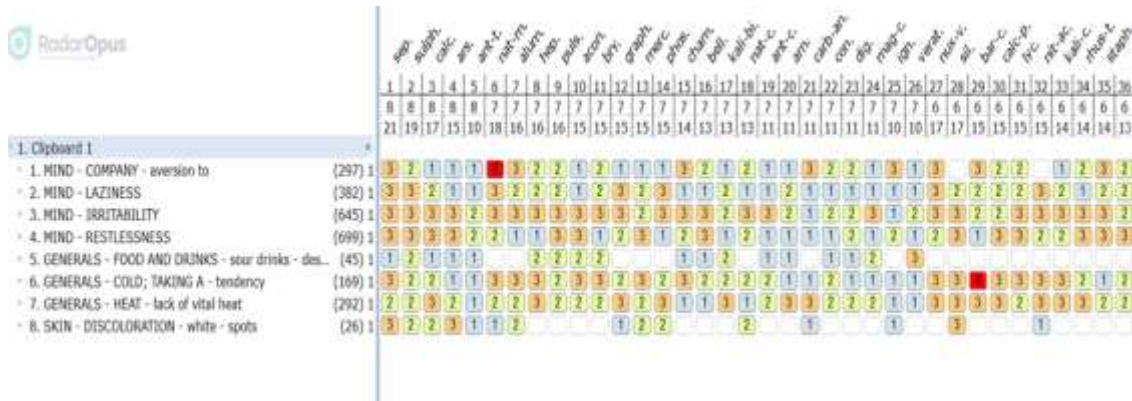
S.NO.	SYMPTOMS	MG/PG/PARTICULARS	INTENSITY
01	Aversion to company	MG	++++
02	Aversion to work; indolent	MG	+++
03	Irritability	MG	++++
04	Restlessness; nervousness	MG	++++
05	Desires: sour, acids, etc.	PG	+++
06	Tendency to take cold easily	PG	++++
07	Lack of vital heat	PG	+++
08	Discoloration: white, spots	Particulars	++++

REPERTORIAL TOTALITY:

S.NO.	SYMPTOMS	CHAPTER/RUBRICS
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1.	Aversion to company	MIND-COMPANY-aversion to
2.	Aversion to work; indolent	MIND-LAZINESS
3.	irritability	MIND-IRRITABILITY
4.	Restlessness; nervousness	MIND-RESTLESSNESS
5.	Desires; sour, acids, etc.	GENERALS-FOOD AND DRINKS-sour drinks-desire
6.	Tendency to take cold easily	GENERALS-COLD: TAKING A-tendency
7.	Lack of vital heat	GENERAL-HEAT-lack of vital heat
8.	Discoloration: white, spots	SKIN-DISCOLORATION-white-spots

REPERTORIAL SHEET:



REPERTORIAL ANALYSIS:

S.NO.	REMEDIES AND THEIR RELATIVE VALUES
1.	SEPIA OFFICINALIS 21/8
2.	SULPHUR 19/8
3.	CALCAREA CARBONICA 17/8
4.	ARSENICUM ALBUM 15/8
5.	ANTIMONIUM TARTARICUM 10/8
6.	NATRUM MURATICUM 18/7

THE REMEDY: SEPIA OFFICINALIS 200

Repertorization was performed using the RADAR OPUS version 3.2 (SYNTHESIS Repertory), giving priority to general mental symptoms before moving on to general physical symptoms and, lastly, particular symptoms. According to a sample study, Sepia covered every category and had the highest scores. Calcarea carbonica and sulphur both scored highly and met all requirements. Once the homoeopathic Materia medica was consulted, a centesimal-scale prescription for Sepia was written. A prescription for a single dosage of Sepia 200 was prepared on the day of the consultation (20/11/2024). After taking the drug first thing in the morning on an empty stomach, the patient was told to take placebo pills for four weeks. She was asked to wait four weeks for a regular follow-up.

FOLLOW UP:

PICTURES:

20/12/2024



19/01/2025



21/02/2025



RESULT AND DISCUSSION:

A case study of vitiligo, the most common acquired depigmentation condition, is presented in this article. The pharmaceutical selection procedure was based on the strict guidelines of minimum dosage, single medication, and individualisation. The hue of the patches significantly improved on the subsequent visits. The white spots were fully coloured at the end of the treatment period.

In homoeopathy, illnesses that appear on the outside are caused by internal illnesses rather than external ones. It is incorrect to treat them as a matter of local affection and to only use topical treatments.

In accordance with 189, "no external disease can develop, spread, or arise without an underlying cause and the support of the entire organism, which must subsequently be diseased."⁽⁶⁾ It was not permitted to appear at all without the consent of the other members of the health team. To carry out the healing process in this case, the entire organism needs dynamic aid, which calls for internal (dynamic) assistance. It also considers the expression of the complete organism rather than just a certain area of the body being affected. demonstrating the all-encompassing nature of homoeopathy.

CONCLUSION:

The 8-year-old child in this case study had vitiligo, a condition for which conventional treatment has proven ineffective. It amply demonstrates the efficacy of homoeopathy, a conventional and non-traditional medical approach, in promoting healing. The successful outcome of the case illustrated the

importance of a thorough therapeutic strategy that considers each patient's individuality when selecting a treatment and tracking their development. It would not be fair to extrapolate from this case report to a larger population, though. To ascertain the outcome of the current case study, a randomised control experiment is also recommended.

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