

## SIGNIFICANT REMISSION OF VITILIGO BY ULTRADILUTED ALTERNATIVE MEDICINES

SWAMI SHRADDHAMAYANANDA (G.K. KHATUA)\*, S. DASGUPTA, S.K.BASU, G. SWARNAKAR

Ramakrishna Mission Charitable Dispensary, Belur Math, Howrah, West Bengal, India

Email: gopalmj.belurmath@gmail.com

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## ABSTRACT

Vitiligo is an age old problem. It is considered as a stigma even in our developed society. In this study homeopathic medicines showed promising results in the treatment of vitiligo cases. Among 200 patients attended at Ramakrishna Mission, Belur Math outpatient department, 190 patients showed encouraging responses. Medicines used were calc. carb., lycopodium, lachesis, mezerium, nat. mur., sepia, ars.s.fl., ars. alb. with dilutions – 200/1000. Pre- and post-treatment biopsy confirmed regeneration of pigments with disappearance of the white spots after treatment when histological examinations were done. As the treatment procedure was simple, patient compliance was good. The outcome of this study creates hope for a possible eradication of vitiligo as a whole in the community.

**Key words:** Vitiligo, Social stigma, Depigmentation, Melanocyte, Melanin, Repigmentation, homeopathy.

## INTRODUCTION

Vitiligo is an acquired idiopathic disorder characterised by circumscribed depigmented macules and patches. There are two types of vitiligo, namely Type A and Type B. In type A (generalized) there is symmetric pattern of distribution of white macules with well-defined borders. Initially the disease is limited; then progresses slowly over years. Commonly involved sites include the back of the hands, face, body folds including the axillae and genitalia. White areas are common around the orbits, nostrils, mouth, nipples, umbilicus and anus. Palms, soles, lips and mucous membranes may also be affected. This also occurs at the site of trauma (Köebner's phenomenon) such as around the elbow and in previously sunburned skin. Type B, *i.e.* Segmental Vitiligo has an asymmetric distribution. The onset is earlier than the generalized variant<sup>1</sup>.

There is positive family history in at least 30% of cases. Approximately 1% of the population is affected and 50% of the cases begin before the age of 20. It may be autoimmune associated, or may be genetic (polygenic) in nature<sup>1</sup>. Vitiligo is a significant cosmetic problem in people with dark complexion<sup>1</sup> and the treatment is necessary to alleviate patient's emotional and social distress. The conventional medical and surgical treatments are time consuming, relatively complicated, and useful in selected cases only.

So we have undertaken this project of treating vitiligo cases by treatment based on western variant of complementary medicine which includes practices developed by Native Americans, Homeopathy, and Naturopathic medicine<sup>1</sup>. Our study involves administration of oral homeopathic medicine to vitiligo patients.

## MATERIALS AND METHODS

The study was conducted at the Dermatology Clinic of Ramakrishna Mission Dispensary, an OPD based hospital at Belur Math, Howrah, West Bengal, India. This is a prospective study since December, 2006. All the 200 patients included in the study were first evaluated, diagnosed, categorized based on the extent of lesion by the Dermatologist (GS) of the dispensary. The categories are focal, segmental and generalized. Both pre - and post treatment biopsy were taken by a Plastic Surgeon (SKB) from depigmented areas and clinically observed neo-pigmented areas and compared for presence of melanocytes/ melanin pigment. The histological studies were conducted by a histopathologist. Biopsy and Histological studies were again repeated following clinical improvements. All biopsies were stained with Mason Fontana stain to confirm the melanin pigment besides the routine H&E staining. The treatment schedules for all patients were conducted by a consultant(SS) in homeopathi medicine. Treatment protocols were mainly based on characteristic

history and symptoms which are followed in homeopathic practice. All the patients were followed up usually weekly/monthly or as per decision of the consultant (SS). One specific medicine was selected for each patient from eight varieties (Calc. carb. Lycopodium, Lachesis, Mezerium, Nat. Mur., Sepia, Ars.s.fl., Ars alb., with main homeopathic dilutions either 200 or 1000). Treatment protocols were modified, if required, according to response by the consultant (SS). Chronological photographs were taken in each patient.

The following clinical responses were the criteria for evaluation:

*No improvement:* No change of colour of the depigmented/hypopigmented patches occurred

**First indication of improvement:**

Appearance of some pigmented points or speckles in the whitish patches. These speckles were in the middle or at the periphery of the lesions and there was blurring of the distinct margin of the original patches

**Definite features of improvement:**

The pigmented spots became bigger and coalesced covering a minimum of fifty percent of the depigmented areas.

## RESULTS

**Age distribution of the patients:**

Among 200 patients studied at our clinic we find majority of the patients (127 cases, 63.5%) were in the age group of 10-20 years (Table 1) indicating a relative high prevalence of the disease in this age group. Our study also indicated that vitiligo is probably not a disease in elderly persons above 50 years of age (4 cases, 2.0%).

**Table 1: Age distribution of the vitiligo patients.**

Age group (Years)	No. of patients (%)
<10	11(5.5)
10-20	127(63.5)
20-50	58(29.0)
>50	4(2.0)
<b>Total</b>	<b>200 (100.0)</b>

**Sex distribution of the patients:**

Females were found more affected (129 cases, 64.5%) than males (71 cases, 35.5%) with a male to female ratio of 1: 1.82.

Usefulness of the selected medicines (Table 2):

**Table 2: Medicines found useful with their potencies**

Name of the medicines	Potency (Homeopathic dilutions)	Prescribed to (No. of patients)	Found Useful (No. of patients and % in parenthesis)
Calc. carb.	200, 1000	58	58(100.0)
Nat. Mur.	200, 1000	31	30(96.8)
Sepia	1000	31	29(93.5)
Mezerium	200, 1000	30	30(100.0)
Lachesis	1000	22	20(90.9)
Lycopodium	200, 10000	20	19(95.0)
Ars. s. flv.	200, 1000	4	2(50.0)
Ars. alb.	200, 1000	4	2(50.0)
<b>Total</b>		<b>200</b>	<b>190</b>

Almost all selected medicines were found highly effective (50-100%) with a total failure of response was only 5 %, however, 40% failures

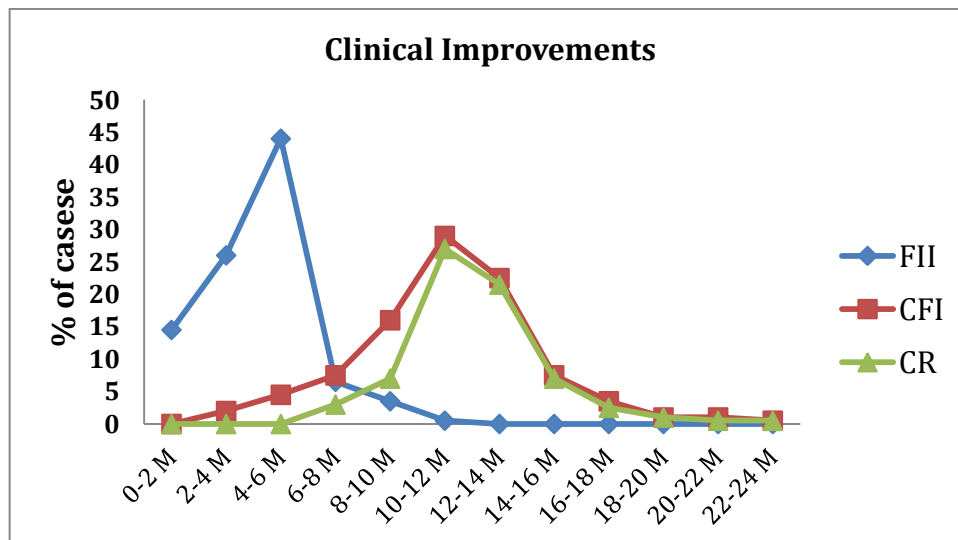
were contributed by Ars.s.fl and, Ars alb, thus in selection of these two medicines care should be taken.

Clinical improvements of the patients (Table 3, Graph 1):

**Table 3: Duration of clinical improvement, remission and nonresponse in vitiligo cases**

Duration (months)	First indication of improvement (No. of patients with % in parenthesis)	Confirmed features of improvement (No of patients with % in parenthesis)	Complete remission (No. of patients with % in parenthesis)	No Response (No. of patients with % in parenthesis)
0-2	29 (14.5)	0 (0.0)	0(0.0)	-
2-4	52 (26.0)	4 (2.0)	0(0.0)	-
4-6	88 (44.0)	9 (4.5)	0(0.0)	-
6-8	13 (6.5)	15 (7.5)	6(3.0)	-
8-10	7 (3.5)	32 (16.0)	14(7.0)	-
10-12	1 (0.5)	58 (29.0)	54(27.0)	-
12-14	0 (0.0)	45 (22.5)	43(21.5)	-
14-16	0 (0.0)	15 (7.5)	14 (7.0)	-
16-18	0 (0.0)	7 (3.5)	5(2.5)	-
18-20	0 (0.0)	2 (1.0)	2(1.0)	-
20-22	0 (0.0)	2 (1.0)	1(0.5)	-
22-24	0 (0.0)	1 (0.5)	1(0.5)	-
After 24 months	-	-	-	10(5.0)
	<b>190(95.0)</b>	<b>190(95.0)</b>	<b>140 (70.0)</b>	<b>10(5.0)</b>

**Graph1: Graph showing duration of clinical improvement and remission in vitiligo cases**



**FII: First indication of improvement; CFI: Confirmed features of improvements; CR: Complete remission; M: Months.**

First indications of improvements were seen between 2-6 months in most of the cases (70.0%). Confirmed features of improvement were seen between 8-14 months in the majority of the cases (67.5%) and complete remission occurred in 62.5% cases in between 8-16

months. Complete remission occurred in 140 cases (70.0%). The earliest indication of improvement was found 8 days in one patient and the latest duration of this was evident as 12months in one patient. There was no response in 10 cases (5.0%).

### Histological findings

All these patients showed absence of melanocytes in pre treatment sections and in all the patients showing improvements or complete remission, pre- and post-treatment biopsy confirmed regeneration of pigments with disappearance of the white spots after treatment.

### DISCUSSION

Vitiligo has always been difficult to treat. Several modes of treatment are available, but the therapeutic effect varies greatly, and rarely does one achieve complete repigmentation<sup>2</sup>. With conventional medical therapy response is slow and response rate is low<sup>9</sup>. According to Hunter *et al*, medical treatment is unsatisfactory<sup>3</sup>. Some studies suggest that with Psoralen ultraviolet A (PUVA) and photo therapy, 61% patients will have greater than 25% repigmentation while only 6% will achieve 100% repigmentation<sup>4</sup>.

The most remarkable part of the whole study was to regenerate pigmented spots on the depigmented areas, gradually and very convincingly, and finally to cure in a large number of patients. However, in this study ten vitiligo patients did not show any response to our treatment indicating some limitations which should be overcome in our future studies.

Various surgical options are there and are indicated in limited lesions which are refractory to medical treatment and those lesions are relatively in stable state<sup>9</sup>. Result depends on case selection (type, extent, stability of the lesion). Further, vitiligo surgeries are not without complications<sup>10</sup>. Common complications in surgery are graft rejection, junctional depigmented area, cobblestone appearance, development of vitiligo (Köbner phenomenon) at donor sites and scarring at donor site. Sophisticated and newer techniques like melanocyte and stem cell transplant, in which single cell suspension are made from unaffected skin and applied to dermabraded vitiliginous skin which are of limited use because of cost factor<sup>10</sup> and these are presently not easily available in India<sup>10</sup>. Overall surgical therapy is also not satisfactory.

As we selected all types of vitiligo. So the result was irrespective of age, type, or whether the disease was in active or stable state. In contrast to phototherapy or surgical therapy, this treatment procedure with oral homeopathy medicines was much simpler. As it was on weekly (initial phase) or monthly attendance (later phase), compliance was very good. Cost of treatment was nominal. There was no reporting of any untoward side effects. Out of 200 patients 190 showed positive response which gives a positive result of 95%. In 140 patients complete pigmentation coverage (100%) of vitiliginous areas were observed.

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