

A Hopeless Case of Vitiligo, Cured By The Remedy “*Sepia officinalis*”: A Case Report

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ABSTRACT

Background: Vitiligo, also known as leukoderma, is an autoimmune pigmentary disorder of the skin and mucous membrane that is characterized by white patches in the body due to destruction of Melanocytes. Although the global prevalence of vitiligo is less than 1%, but in our daily clinical practice vitiligo is not so rare skin disorder.

Method: A boy of 14 years old presented with depigmented patches on face, on both ears, both arms, hands, both legs, feet and on back for last 6-7 years without any improvement. Through individualistic approach this case was cured by the medicine *Sepia officinalis* over a period of more than 2 years which is evident from the photographic documentation. The improvement criteria were assessed using the VASI, VETF, and DQLI assessment scales. According to the standards outlined in the HOM-CASE guidelines, this case was reported.

Result: This case was resolved after using *Sepia officinalis*, a homeopathic remedy, and no adverse effects were noted.

Conclusions: This case strongly supports the individualistic treatment approach, which is exclusive to homeopathy, in the field of evidence-based medicine. Therefore, the case's conclusions may provide a foundation for future studies on the application of individualized homeopathic medicine to the management of vitiligo.

Keywords: Case Report, Individualized Homoeopathy, Vitiligo, *Sepia officinalis*.

INTRODUCTION

Skin pigmentation loss due to the destruction of epidermal melanocytes is a characteristic of vitiligo, an acquired autoimmune disease.¹ Alopecia areata, Addison's disease, diabetes mellitus, autoimmune thyroid disease (Hashimoto's thyroiditis), and pernicious anemia are among the autoimmune conditions that are linked to vitiligo.² Half of patients first notice vitiligo before the age of 20, and it appears early in

life. Even though vitiligo affects less than 1% of people worldwide, it can affect up to 3% of people in some groups.¹ Based on the distribution of skin depigmentation, vitiligo has historically been divided into segmental and non-segmental forms.³ At least 30% of cases have a positive family history.⁴ Trigger events like psychological stress, severe sunburn, or skin trauma like chemical contact may be connected to it.⁵ Sadly vitiligo is viewed as a social stigma

in our society, especially for young girls. Vitiligo patients are also linked to low self-esteem, adjustment disorders, negative body image, and a poor quality of life.

DIAGNOSIS

Clinical findings are typically used to make a diagnosis. A closer look at Wood's lamp reveals more noticeable chalk white. A skin biopsy reveals no melanocytes and mild inflammation.⁶ Blood glucose, TSH, and CBC levels are used to determine the relationship between hypothyroidism, pernicious anemia, and diabetes mellitus. Leprosy, Pityriasis alba, and Pityriasis versicolor must be distinguished from vitiligo.⁵ Patients with vitiligo currently have limited success with conventional treatment. Numerous vitiligo case reports and series with positive outcomes can be found in homoeopathic literature.⁷

The VASI, VETF, and DQLI assessment scales are used to evaluate the response to vitiligo treatment in this hopeless case. As a result, no case study that uses these criteria and the subsequent photos that were taken at each follow-up has yet to demonstrate long-term benefits.

To the best of our knowledge, however, we are now reporting this case that details the long-term effects of vitiligo treatment using homeopathy. This treatment was based on the unique symptoms of the patient and was

evaluated using the VASI, VETF, and DQLI assessment scales.

Patient Information: The 14-year-old boy who visited the Dermatology Outpatient Department at the Regional Research Institute of Homoeopathy in Puri, Odisha, had depigmented patches on his face, ears, arms, hands, legs, feet, and back for the previous six to seven years. At the age of seven, the lesion began on the right hand and head, and the complaints grew over time. Numerous homoeopathic medications, including *Sulphur 30*, *Calcarea carbonicum 30*, *Arsenic album 30*, *Phosphorus 30*, *Silicea 30*, and *Mercurius 30*, were used to treat the case. *Mercurius sol. 30*, *200* with no discernible alleviation. There was no family history of vitiligo, and aside from vitiligo at age six, childhood was uneventful. He was studying in the class 10 at that time, but he had little interest in learning and was performing poorly academically. The patient was kind, gentle, apathetic, and unconcerned, not even adequately address his illness. He perspired heavily throughout his body, especially during the day. He was craving spicy, sweet, and sour foods. His appetite had diminished, and he was more likely to feel drowsy. A thunderstorm frightened him. In hot weather, he felt better.

Clinical Findings: He was tall and stout, weighing 65 kg and standing 165 cm tall, with a dark complexion. Pulse rate: 76 beats

per minute, respiratory rate: 18 beats per minute, blood pressure: 110/70 mm Hg. Upon systemic examination, no anomalies were found. Vitiligo was the diagnosis made in this case based on clinical findings. Following symptom analysis, both general and specific symptoms were considered overall. While the physical generals include a diminished appetite, a desire for sweet, sour foods, excessive perspiration throughout the body, drowsiness, and specifics like discoloration of white spots, the mental generals include indifference, a fear of thunderstorms, and a mild disposition.

Diagnostic Assessment: Diagnosis was made based on clinical findings. The base line assessment at first visit was done using VASI, VETF, DLQI as shown in Table 1 and 2, same was used for assessment of improvement during subsequent follow-up. Thyroid Profile and FBS/PPBS were within normal limit.

THERAPEUTIC INTERVENTION

Using the Kent repertory from the Homoeopath Classic 8.0 version software, a reportorial analysis⁸ was conducted. Figure 1 displays the repertorization sheet. The final choice of medication was made after consulting Materia Medica, even though *Sepia officinalis* received the highest ratings following repertorization.^{9,10} Given the noticeable

lack of interest, the desire for sweet and sour foods, and the white spot discoloration, *Sepia officinalis* appears to be a better option than the other medications. Based on miasmatic analysis and symptom totality, *Sepia officinalis* was prescribed.¹¹ Centesimal potency 30 of *Sepia officinalis*, (which is produced by SBL Pvt., Ltd. Sahibabad), was prescribed, four globules (no. 30) twice a day for three days on an empty stomach. Significant progress was made in symptomatology (as shown by subsequent photographs) and VASI, VETF, and DLQI scores during the more than two-year follow-up (Table 3). The "Modified Naranjo Criteria," put forth by the HPUS (Homeopathic Pharmacopeia of the United States) clinical data working group^{12,13} was used to evaluate the potential causal attribution of the treatment outcome (Table 4). The score of +11 indicates that there is a high likelihood that the patient's improvement was caused by the homoeopathic medication that was given.

DISCUSSION

We discovered that *Sepia officinalis* was prescribed based on the totality of symptoms following the recording of the case history, repertorization, and consultation with Materia medica. The potency of the medicine was increased and repeated as needed in compliance with Dr. Hahnemann's instructions in the 6th edition of Organon.¹⁴ When the medication was

Table 1: VASI score at Baseline

Location	VASI		
	Area of vitiligo	Extent of depigmentation (%)	$VASI = \sum [\text{hand units all body parts} \times \text{residual depigmentation}]$
head & neck	0.50	100	0.50
trunk	0.10	100	0.10
upper extremities	01	100	01
hands	0.10	100	0.10
lower extremities	08	90	7.20
feet	0.50	100	0.50
genitalia	00	00	00
Total	10.20		9.40

VASI - Vitiligo Area Scoring Index.

Table 2: VETF Score at Baseline

Location	VETF		
	% Area	Staging (0-3) largest patch in each area	Spreading (-1 to +1) largest patch in each area
head & neck	0.50	2	+1
trunk	0.10	2	+1
arms	01	2	+1
legs	08	2	+1
hands & feet	0.60	2	+1
Total	10.20	10	+5

VETF - Vitiligo European Task Force Score.

Dermatology Life Quality Index at Baseline (DLQI) Scoring =07

administered at a higher potency, the patient's vitiligo patches significantly improved. However, the individualized homeopathic medicine used in this case resulted in a noticeable improvement in the vitiligo patches. In contrast, the conventional mode of treatment employs a variety of techniques, including systemic phototherapy using UV light for repigmentation, steroid therapy or corticosteroid creams, lasers, etc.

In the baseline (21.07.2015) VASI score was 9.40, percentage of depigmented area was 10.20. All lesions are in stage two and total was 10 and all lesions are in spreading of +1 with total score +5. During treatment (05.11.2016) the VASI score becomes 7.97, with depigmented area 10.40, and lesions were in stage (total) 7, spreading in -5. At follow up dated 01.02.2018 the VASI score was 2.48, area of depigmentation was 4.53 with stage 6 and spreading -5. And still patient is under treatment. There are so

Table 3: Follow up and Outcome

Date	Vitiligo Areas	Areas on which repigmentation appears	V/A SI re	Area	VETF Staging	Spr ead	DQII	Medicine	Remarks
21.07.15	Forehead, above the nose, temporal region, around the both ear, right side of face, lumbar region on back, both elbow region, both legs below knees and feet.		9.40	10.20	10	+5	07	<i>Sepia officinalis</i> 30/4 gls / BD x 3days,	Baseline
12.11.15	Face, ears, hands, back, legs, feet, and chest.	Face, nose, near right eye, and left ear	9.23	11	8	0	06	Rubrum / 4 gls: BD/ 7 Days <i>Sepia officinalis</i> 30/4 gls / BD x 3days/ alternately	Patient is improving
19.12.15	Face, ears, hands, back, legs, feet, and chest. Depigmented patches on legs and hands mildly increased	Same as above	10.23	11.40	8	+2	06	Rubrum / 4 gls /BD/7 Days. <i>Sepia officinalis</i> 200/ 4 gls /once weekly/ Alternately with placebo/ 4gls once daily/7days	No further improvements
21.06.16	Face, hands, back, shoulders, behind ears, legs, feet.	Face, hand behind left ear, shoulders, upper eye lid	9.75	11.40	8	-2	05	<i>Sepia officinalis</i> 200/ 4 gls /OD/two days / Alternately with placebo/ 4gls once daily/15 days	Patient is improving
03.09.16	Face, ears, behind ears, legs, back, shoulders, and chest. Depigmented patches on legs mildly increased	Face, hand shoulders,	9.81	11.30	8	-3	04	<i>Sepia officinalis</i> 200/ 4 gls /OD/two days / Alternately with placebo/ 4gls once daily/15 days	Patient is improving.
05.11.16	Ears, behind ears, upper eye lid, lower lip, elbow, legs, back.	Face, ear, both hands, both legs, back, chest, shoulders.	7.97	10.40	7	-5	04	placebo/ 4gls once daily/15 days <i>Sepia officinalis</i> 200/ 4 gls /OD/two days / Alternately with placebo/ 4gls once daily/7 days	Patient is improving.
13.04.17	Upper eye lids, behind ears, hand, elbow, legs, feet, back	Hands, legs, back	4.68	8.36	6	-4	04	Continued as above.	Patient is improving.
01.07.17	Lower lip, upper eye lids, hands, elbow, legs, feet, back	Repigmented area appears on all depigmented areas except upper eye lids	3.64	6.30	6	-5	03	Continued as above.	Patient is improving.
28.10.17	Upper eye lids, behind rt ear, hands, elbows, knees, feet.	Knee, feet, elbow, hand, back, forehead.	3.00	5.57	6	-5	03	Same as above	Patient is improved.
01.02.18	Upper eye lids, lower lip, hands, elbows, knees, feet,	Knee, feet, elbow and back, forehead.	2.48	4.53	6	-5	02	Same as above	Patient is improved and now is under Follow up.

VASI - Vitiligo Area Scoring Index. VETF - Vitiligo European Task Force Score.; DQII- Dermatology Life Quality Index.; BD-twice daily; OD- once daily.; GlS. -Globules.

Table 4: Assessment after end of the treatment by the Modified Naranjo Criteria for Homoeopathy (MONARCH)

Dom ains	MONARCH	Answers of the patient	Scores
1.	<i>Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?</i>	Yes	+2
2.	<i>Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?</i>	Yes	+1
3.	<i>Was there a homeopathic aggravation of symptoms?</i>	Yes	+1
4.	<i>Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main presenting complaint, improved or changed)?</i>	Yes	+1
5.	<i>Did overall well-being improve?</i> <i>(suggest using a validated scale or mention about changes in physical, emotional and behavioral elements)</i>	Yes	+1
6.	<i>(A) Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?</i>	Not Sure	0
	<i>(B) Direction of cure: did at least one of the following aspects apply to the order of improvement of symptoms: —From organs of more importance to those of less importance? —From deeper to more superficial aspects of the individual? —From the top downwards?</i>	Not Sure	0
7.	<i>Did 'old symptoms' (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?</i>	Yes	+1
8.	<i>Are there alternative causes (i.e., other than the medicine) that— with a high probability—could have produced the improvement? (Consider known course of disease, other forms of treatment and other clinically relevant interventions)</i>	No	+1
9.	<i>Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination)</i>	Yes	+2
10.	<i>Did repeat dosing, if conducted, create similar clinical improvement?</i>	Yes	+1
Total score= (+11)			
Note: Maximum score= (+13), Minimum score= (-6)			

many medicines are mentioned in different books of homoeopathic therapeutics (as in S. Lilienthal therapeutics) for the Vitiligo in which *Sepia officinalis* is one of them. In Kent repertory *Sepia officinalis* is given in 2nd grade in the rubrics skin, discoloration, white in spots. Out of the medicines found effective in previous multicentric

observational study done by CCRH.¹⁵ "To evaluate the role homeopathic therapy in Vitiligo" *Sepia officinalis* is one of them.

So, there may be great role of homoeopathy in treatment of Vitiligo if prescription done on the basis of individualization and holistic concept (like in this case the Remedy is *Sepia officinalis*). Positive role

Clipboard Repertorisation		Sep	Ar	Phos	Sulph	Nat-m	Nat-c	Lyc	Calc	Carb-v	Chin	Puls	Sil	Verat	Lach	Kali-c
Totality Symptoms Covered		22	21	21	20	19	17	17	16	16	16	16	16	16	15	14
[KT] (Mind) Indifference, apathy etc.:		10	9	9	10	9	9	7	7	7	7	7	7	7	7	8
[KT] (Mind) Fear: Thunder-storm, etc.:		3	2	3	2	3	3	2	2	3	3	3	2	2	2	2
[KT] (Mind) Melancholia:		2	3	1	2	2	2	2	2	2	2	2	2	2	1	1
[KT] (Mind) Memory: Weakness of:		3	3	3	2	2	2	3	1	2	2	2	2	2	3	1
[KT] (Stomach) Appetite: Diminished:		1	1	1	1	1	1	2	1	1	1	1	1	1	2	1
[KT] (Stomach) Desires: Sweets:		2	1	2	3	1	2	3	2	2	3	2	2	2	2	2
[KT] (Stomach) Desires: Sour, acids, etc.:		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
[KT] (Perspiration) Profuse:		3	3	2	2	3	2	3	3	3	3	2	3	3	2	3
[KT] (Sleep) Sleepiness:		2	3	3	2	2	2	2	3	3	3	3	2	2	3	2
[KT] (Skin) Discoloration: White Spots:		2	3	2	2	2	2	2	2	3	3	3	3	2	3	2
Symptoms 1 to 10		Total Symptoms : 10					Remedies 1 to 15					Total Remedies : 330				

Figure 1: Repertorisation Sheet



Figure 2.1: Date wise subsequent follow-ups of the Lower Extremities.



Figure 2.2: Date wise subsequent follow-ups of the Left side of the Face.



Figure 2.3: Date wise subsequent follow-ups of the Face.

of homoeopathy in treatment of vitiligo of may be obtained statistically with valid scales like VASI, VETF and DLQI scores.

Highlights:

- This case report shows a positive role of Individualized homoeopathic medicine in treating Vitiligo.
- A complete resolution of vitiligo patches is documentary evidence i.e. both statistically valid scales as well as photography. (As it is evident from the date wise subsequent photographs Figure 2.1 to Fig.2.5)
- Hence, randomized controlled study with larger sample size is suggested to establish the efficacy of homoeopathic constitutional remedies in the treatment of Vitiligo.

Patient perspective: On telephonic follow-up, patient is doing well now and gradually improving, He could not attend the OPD due to COVID-19 situation and communication problem.

Informed Consent: All the necessary permissions from the patient were obtained before publishing the case report.

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Conflict of Interest: None declared.

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