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A CASE REPORT: HOMEOPATHIC MANAGEMENT OF GENERALIZED VITILIGO WITH ADJUNCT LIGHT THERAPY

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ABSTRACT: Vitiligo is a chronic, acquired depigmentation disorder characterized by the loss of functional melanocytes, often leading to significant psychosocial distress and a reduced quality of life. While its etiology is complex, involving genetic and autoimmune factors, the condition is frequently exacerbated by emotional stress and systemic imbalances. This case report aims to evaluate the efficacy of individualized classical homeopathy combined with adjunct light therapy in managing generalized vitiligo in a 50-year-old male with multiple comorbidities, including hypothyroidism and a history of epilepsy. The patient presented with depigmented patches on the hands, soles, genitalia, and lips, which showed progressive spread correlated with high professional and emotional stress. Materials and methods involved a four-year longitudinal study (2021–2025) utilizing constitutional homeopathic prescribing primarily Lycopodium clavatum and Kali phosphoricum alongside adjunct dermatological measures such as phototherapy, Dermaheal sessions, and topical sun protection. Results demonstrated a transition from progressive disease to stability, with significant repigmentation achieved on the dorsum of the hands, soles, and facial edges. While mucocutaneous areas like the lips remained challenging, the patient experienced marked improvement in emotional resilience and social engagement. No adverse neurological or systemic effects were noted. In conclusion, an integrated, patient-centric approach balancing constitutional homeopathy with modern aesthetic tools can effectively stabilize active vitiligo and enhance the overall quality of life for patients with complex clinical profiles.

INTRODUCTION

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Vitiligo is a chronic, acquired pigmentary disorder characterized by the development of well-defined white macules and patches due to the selective destruction of melanocytes. Globally, the prevalence is estimated between 0.5% and 2.0%, making it one of the most common causes of depigmentation worldwide. While the exact etiology remains elusive, it is widely recognized as a multifactorial autoimmune condition where genetic predisposition, oxidative stress, and neurogenic factors play a combined role in melanocyte dysfunction[1,2].

The management of vitiligo is particularly challenging due to its unpredictable course and the significant psychological burden it imposes on patients. Existing medical literature emphasizes that emotional distress, such as anxiety or chronic stress, acts as a primary trigger for disease activity and poor response to conventional treatments. Consequently, current guidelines suggest that multimodal, patient-centric approaches addressing both the physical lesions and the underlying constitutional factors yield superior long-term results[5,6].

This case report documents the management of a 50-year-old male with generalized vitiligo, whose condition was complicated by systemic comorbidities including hypothyroidism and a history of epilepsy. The purpose of this study is to demonstrate the efficacy of an integrated therapeutic model: utilizing individualized classical homeopathy to regulate the constitutional state while employing adjunct light therapy and aesthetic dermatology for localized pigment stimulation.

The hypothesis is that by addressing the patient's psychological totality (specifically high-stress professional burdens and reactive emotional patterns) through remedies like *Lycopodium clavatum*, the clinician can stabilize the autoimmune process more effectively than by treating skin lesions in isolation. This report highlights the clinical importance of long-term observation in vitiligo, as sustained repigmentation in this case was achieved over a four-year follow-up period through the synergy of constitutional and modern dermatological care.

PATIENT INFORMATION

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Demographic Information

The patient is a 50-year-old male currently serving in a high-pressure role as a Chief Financial Officer and Vice President for a global company. In addition to his primary corporate responsibilities, he is active in the stock market, which contributes to intermittent periods of high stress. He is married with two children and serves as the primary breadwinner and caregiver for an unwell elder brother.

Chief Complaints

The patient presented with depigmented, non-pruritic macules and patches characteristic of vitiligo. These lesions were located on the dorsum and palms of both hands, the soles of the feet, the genitalia, and the lips. The condition first appeared in January 2021 as a small initial patch on the left dorsum before progressively spreading to other regions. While the patches were generally asymptomatic, the patient noted that they became red and irritated following heat or sun exposure, sometimes exhibiting dry peeling before further depigmentation.

Medical, Family, and Psychosocial History

The patient’s medical background is significant for hypothyroidism of 15 years' duration, managed with 75 mcg of Thyronorm daily, and a history of seizure disorder requiring previous antiepileptic therapy. He also suffers from chronic tinea cruris and has experienced erectile dysfunction and premature ejaculation for several years. His family history includes a mother with hypothyroidism, hypertension, and cardiac disease, and a brother with diabetes and ischemic heart disease. Psychosocially, the patient is loquacious and highly sensitive to criticism or perceived slights. He experiences reactive anger becoming angry quickly but feeling remorseful shortly after and has become more introverted since the onset of his skin condition.

Relevant Past Interventions and Outcomes

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Prior to seeking integrated care, the patient utilized a combination of allopathic, ayurvedic, and aesthetic treatments. Pharmacological interventions included various tablets (Sisqo, ZMM, Nixiyax, Medhavati, Kaishar Guggul) and topical applications (Emcor cream, VMela gel). He also underwent Dermaheal sessions and intermittent phototherapy. Notably, he had been receiving treatment for sexual dysfunction until January (year unspecified) but ceased medication upon the appearance of vitiligo, which resulted in the recurrence of his sexual health problems. His vitiligo remained active, with spread correlating specifically to periods of significant sun exposure and high emotional stress.

CLINICAL FIDINGS

Physical Examination Findings

A detailed dermatological examination revealed multiple depigmented, non-pruritic, and non-burning macules and patches distributed across the dorsum and palms of both hands, the soles of the feet, the genitalia, and the lips. Clinical observation noted that these patches were reactive to heat and sun exposure, occasionally manifesting as red, irritated areas with dry peeling prior to further hypopigmentation. A Wood’s lamp examination conducted on January 16, 2025, showed that while the spots were enhanced, they did not appear "milky white"; instead, a slight brownish pigmentation was visible, suggesting either residual pigment or the presence of evolving repigmentation. Additionally, the patient exhibited signs of chronic tinea cruris in the groin and gluteal regions.

Clinical History and Homeopathic Symptomatology

The selection of the homeopathic treatment was guided by a comprehensive analysis of the patient's mental, emotional, and physical totality. Key psychological findings used for remedy selection included the patient’s "ego-sensitivity," marked by being easily offended and sensitive to criticism, alongside a tendency toward loquacity and reactive anger followed by immediate remorse. Physically, the patient reported significant digestive disturbances, including flatulence, constipation, and gaseous distention, which often correlated with his emotional state.

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The mind-skin axis was a critical factor, as new lesions and the expansion of existing patches were directly linked to periods of high professional stress and domestic conflict. Furthermore, the patient's sexual health history specifically erectile dysfunction and premature ejaculation provided additional constitutional depth to the case. These symptoms, combined with the modalities of being "worse from sun and heat," led to the identification of a chronic combined miasmatic picture (Psora-Sycosis), necessitating a constitutional approach primarily utilizing *Lycopodium clavatum* and supportive biochemic remedies.

TIMELINE

Present Status of Symptoms

Appointment Date	Overall Treatment Progress	Existing Lesions/ Patches	New Patches/Lesions	Repigmentation in patches	Frequency of taking allopathic/ conventional medicine	Improvement in Associated Complaint
24/Feb/2024 (Baseline Assesment)	First Visit	first fu	Present	Absent	Not required	First Visit
19/Apr/2025	> (Better)	Better	Absent		Not required	None
29/Jul/2025	< (Aggravated)	Increased	Present	Increased	Not required	Better
11/Oct/2025	< (Aggravated)	Same	Present	Increased	Not required	Better

Figure 1: Treatment progress

Appointment Date	Dermaheal rx outcome	Stability - comparision with photos	Border of patches	Woodslamp Examination
24/Feb/2024 (Baseline Assesment)	NA	First Visit	Trichrome present	Pale white flourescence visibl
30/Sep/2024	Better	Better		N/A
19/Apr/2025	Better	Better		N/A
29/Jul/2025	Better	Aggravated	Well defined	Pale white flourescence visibl

Figure 2: Findings

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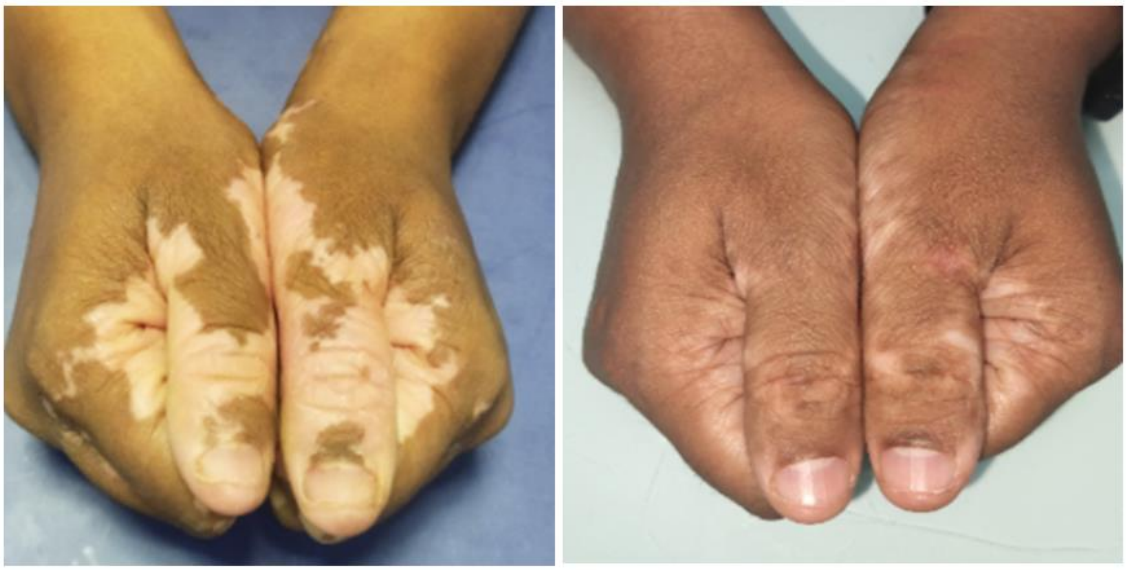

Figure 3: Before and after treatment

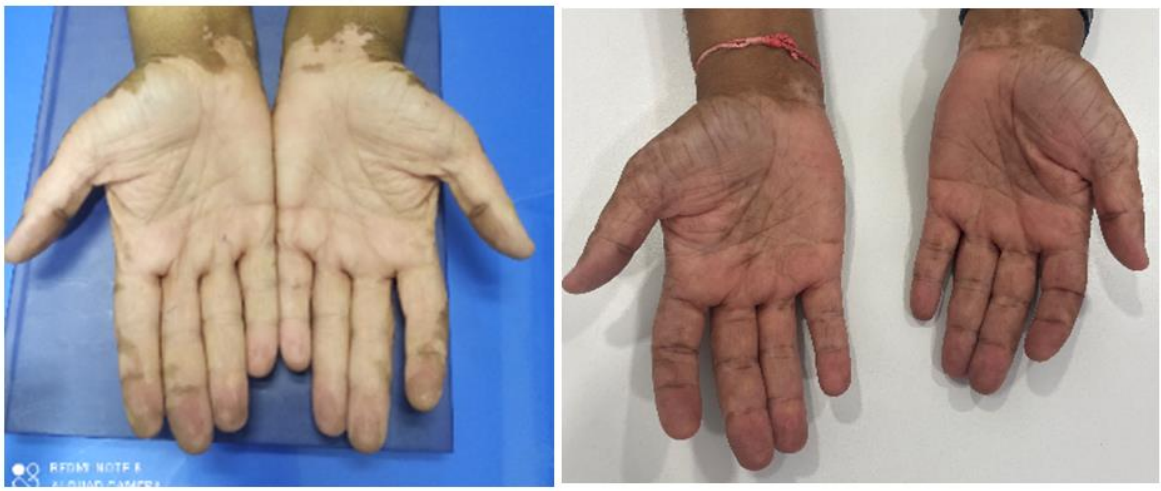

Figure 4: Before and after treatment

DIAGOSTIC ASSESSMENT:

Diagnostic Methods The diagnosis was established through a multi-dimensional approach integrating clinical history, physical examination, and specialized diagnostic tools.

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- **Physical Examination:** Clinical observation identified characteristic depigmented, non-pruritic, and non-burning macules and patches.
- **Wood's Lamp Examination:** Performed on January 16, 2025, this tool enhanced the visibility of the spots; however, they did not appear "milky white". Instead, a slight brownish pigmentation was observed, suggesting residual pigment or evolving repigmentation.
- **Laboratory Testing:** Routine investigations included Hemoglobin (13–13.7 g/dL) and Lipid profiles showing variations in LDL/HDL/Triglycerides. Vitamin D and B12 levels were recorded as low-moderate and low-normal, respectively.
- **Endocrine & Neurological Assessment:** Serial TSH monitoring was conducted (ranging from 0.362 to 3.786) due to long-standing hypothyroidism. For the history of seizures, an EEG (2022) revealed right temporal epileptiform activity, and an MR Angio of the brain was performed.
- **Questionnaires:** A structured case questionnaire was utilized to track the four-year progression, psychosocial triggers, and treatment history.

Diagnostic Challenges

A significant diagnostic challenge was the presence of multiple comorbidities, including hypothyroidism, a history of epilepsy, and chronic tinea cruris, which added complexity to the clinical picture. Furthermore, the patient's high-stress role as a CFO and domestic conflicts acted as fluctuating variables that influenced the stability of the lesions, making it difficult to distinguish between natural disease progression and stress-induced flares.

Diagnostic Reasoning

The primary diagnosis was Generalized Vitiligo, supported by the multisite distribution (hands, soles, genitalia, face, and lips).

- **Differential Considerations:** The presence of chronic fungal infection (tinea cruris) required differentiation from post-inflammatory hypopigmentation.

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- **Miasmatic Analysis:** From a homeopathic perspective, the case was identified as a **Psora-Sycosis** combined miasm. This was reasoned due to the cyclical activity and repigmentation episodes (Psoric) coupled with the long-standing fungal infection and emotional reactivity (Sycotic).

Prognostic Characteristics

The prognosis was initially considered guarded but became more favorable as the disease transitioned from a progressive state to a fluctuating and eventually stable state over four years.

- **Activity Markers:** Episodes of spread were directly correlated with high sun exposure and peak stress periods (2023–2025).
- **Repigmentation Indicators:** The appearance of a brownish undertone during Wood's lamp examination and visible repigmentation on the hands, soles, and temples were positive prognostic signs.
- **Site-Specific Prognosis:** While facial and hand stability was achieved, the lips and genital areas remained "cosmetically challenging," which is consistent with the known resistance of mucosal vitiligo to treatment.

THERAPEUTIC INTERVENTION

Totality of symptoms:

- **Mind/General:** Anger easily, loquacity (very talkative), quick to be offended, irritability, overthinking, remorse after anger, introversion developing, sensitivity to criticism, ego/feeling superior at times, anxiety about social perception, sleep disturbed during exacerbations, improved with forgiveness/compromise, religious practices and chanting bring comfort.
- **General physical:** Digestive/gaseous symptoms noted historically; constipation/intermittent bloating reported; tendency to become emotionally affected with

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physical symptoms (palpitations/uneasiness preceding events). Cravings/aversions not strongly emphasized; appetite variable.

- **Sexual:** Erectile dysfunction and premature ejaculation; improved on prior medications.
- **Skin:** Non-itching depigmented patches, patches reactive to sun/heat, dryness and peeling preceding depigmentation in some areas, intermittent repigmentation on hands/temples/soles.
- **Modalities:** Worse with sun/heat (redness on exposure), better with sunscreen and moisturizing; mental triggers (stress) precipitate spread.

REPERTORIAL RESULT

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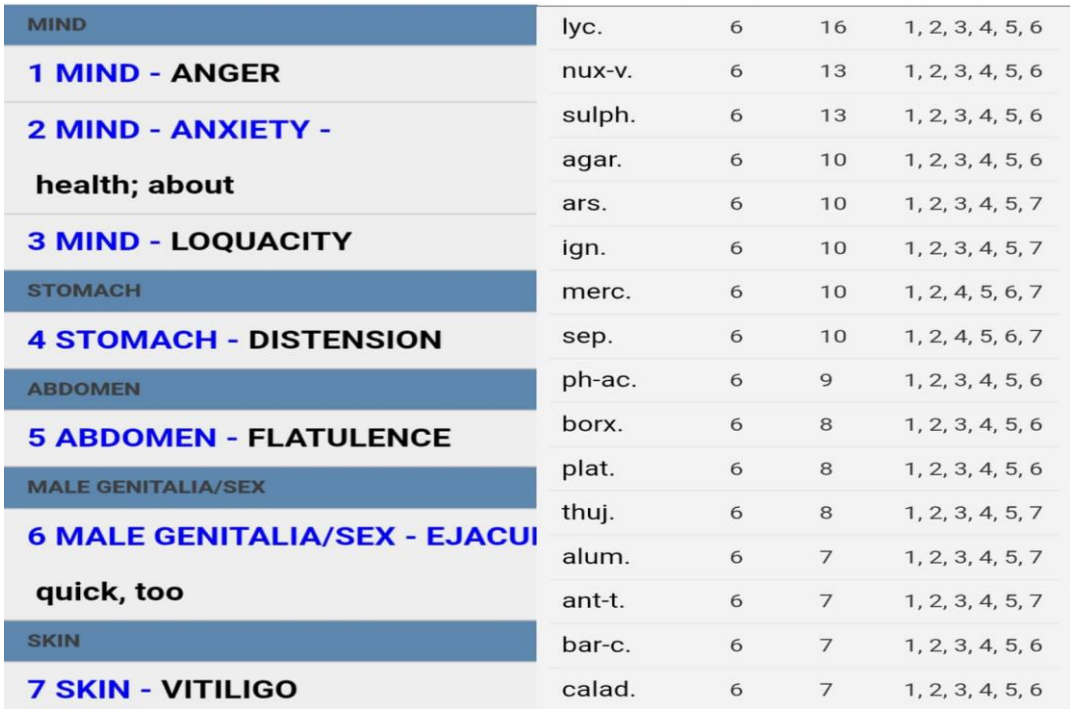

MIND	lyc.	6	16	1, 2, 3, 4, 5, 6
1 MIND - ANGER	nux-v.	6	13	1, 2, 3, 4, 5, 6
2 MIND - ANXIETY - health; about	sulph.	6	13	1, 2, 3, 4, 5, 6
	agar.	6	10	1, 2, 3, 4, 5, 6
3 MIND - LOQUACITY	ars.	6	10	1, 2, 3, 4, 5, 7
	ign.	6	10	1, 2, 3, 4, 5, 7
STOMACH	merc.	6	10	1, 2, 4, 5, 6, 7
4 STOMACH - DISTENSION	sep.	6	10	1, 2, 4, 5, 6, 7
ABDOMEN	ph-ac.	6	9	1, 2, 3, 4, 5, 6
5 ABDOMEN - FLATULENCE	borx.	6	8	1, 2, 3, 4, 5, 6
	plat.	6	8	1, 2, 3, 4, 5, 6
MALE GENITALIA/SEX	thuj.	6	8	1, 2, 3, 4, 5, 7
6 MALE GENITALIA/SEX - EJACUI quick, too	alum.	6	7	1, 2, 3, 4, 5, 7
	ant-t.	6	7	1, 2, 3, 4, 5, 7
SKIN	bar-c.	6	7	1, 2, 3, 4, 5, 6
7 SKIN - VITILIGO	calad.	6	7	1, 2, 3, 4, 5, 6

Figure 5: Repertorial result

Types of Intervention

The patient was managed through an integrated, multimodal therapeutic approach. This included:

- Pharmacologic: Individualized classical homeopathic medicines and supportive biochemic remedies.
- Dermatological: Periodic Dermaheal sessions and light therapy (phototherapy) to stimulate melanocyte activity.
- Preventive & Self-care: Consistent use of SPF 50+ sunscreen and moisturizers to prevent photo-aggravation, alongside lifestyle modifications such as yoga and counseling to manage stress.
- Conventional Support: Continued use of Thyronorm 75 mcg for hypothyroidism and occasional topical dermatological prescriptions as indicated.

Type of Homeopathy

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The treatment followed the principles of individualized classical homeopathy. Remedies were selected based on the totality of symptoms encompassing mental, emotional, and physical characteristics rather than a standardized formula.

Administration of Intervention

- Lycopodium 200C: Administered in intermittent cycles, particularly during the first weeks of specific prescription periods.
- Kali phos 6X: Used as a supportive nerve tonic to stabilize neuro-psychological balance.
- Adjunct Therapy: Phototherapy and Dermaheal sessions were conducted periodically.
- Duration: The total recorded management period spanned over four years, from 2021 to 2025.

Changes in Intervention

- Refinement of Totality: Between 2023 and 2024, the homeopathic prescription was refined to address new patches triggered by significant emotional stress.
- Introduction of Placebo Cycles: Strategic use of SAC-L was implemented to prevent medicinal aggravation, especially important given the patient's history of seizure disorders.
- Reinstatement of Phototherapy: Light therapy was restarted in 2023 following an exacerbation to assist melanocyte stimulation without interfering with the constitutional homeopathic action.
- Tinea Management: Recurrences of tinea cruris were treated separately to avoid the use of suppressive steroids, which could potentially interfere with the vitiligo treatment progress.

FOLLOWUP AND OUTCOMES:

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Period	Clinical Observations & Progress	Psychosocial & Systemic Status
2021–2022	Initial spread from hands to palms, soles, and genitalia. Observed redness on sun exposure with occasional dryness and peeling. Early repigmentation began on the dorsum of the hands following Lycopodium cycles.	Stress-induced aggravation episodes noted, linked to financial and family concerns.
2022–2023	Mixed progress with intermittent perifollicular repigmentation on hands and soles. Facial areas remained stable with no major new lesions. Periodic recurrence of tinea cruris was managed without suppressive steroids.	Patient reported improved calmness, better sleep quality, and reduced irritability with Kali phos.
2023–2024	Significant emotional stress led to the appearance of 2–3 new patches, including on the lips. Phototherapy and Dermaheal were restarted and well-tolerated.	Wood's lamp examination revealed a brownish undertone, suggesting the presence of dormant melanocytes.
2024–2025	Visible repigmentation confirmed on hands, soles, and temple areas. Overall disease activity became slow, stable, and minimally spreading.	Better mental stability and improved thyroid control. Psychosocial wellbeing improved; the patient became more outgoing and less self-conscious.

Table 1: Follow-up and outcomes

DISCUSSION

The primary strength of this case management lies in its integrated therapeutic model, which combined constitutional homeopathic prescribing with modern dermatological adjuncts. This synergy allowed for the stabilization of the systemic autoimmune process while simultaneously providing localized pigment stimulation through phototherapy. Furthermore, the four-year longitudinal follow-up (2021–2025) provides robust evidence of sustained stability rather than temporary remission. However, a significant limitation remains the recalcitrant nature

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of mucocutaneous areas, specifically the lips and genitalia. As noted in dermatological literature, these "acral" or mucosal sites often lack sufficient hair follicles, which serve as the primary reservoir for melanocyte regeneration, making complete repigmentation difficult to achieve[1,6].

Current literature identifies vitiligo as a complex T-cell mediated autoimmune destruction of melanocytes[2]. The Mind-Skin Axis is a recurring theme in recent studies, emphasizing that psychological stress can trigger the release of neuropeptides and increase oxidative stress, thereby exacerbating depigmentation[1]. Homeopathic philosophy aligns with this by viewing skin manifestations as external expressions of internal "Psora" (the miasm of functional disturbance and sensitivity)[3]. Research into *Lycopodium clavatum* suggests its efficacy in patients with "anticipatory anxiety" and gastrointestinal-somatic manifestations, which closely mirrored this patient's profile[4,5]. Furthermore, the integration of Narrowband UVB (NBUVB) or light therapy is supported by clinical trials showing that it enhances the migration of perilesional melanocytes, complementing the internal regulatory action of the homeopathic remedy[6].

The conclusion that this integrated approach was successful is based on the arrest of progressive spread and the visible marginal and perifollicular repigmentation observed. The rationale for choosing *Lycopodium* was the patient's ego-sensitivity, professional stress, and physical concomitants (digestive issues and sexual dysfunction), which pointed to a deep-seated constitutional imbalance. The assessment of causes suggests that the patient's chronic hypothyroidism and Sycotic miasmatic background (evidenced by tinea cruris and slow disease pace) contributed to the initial resistance to treatment. Stabilization was only achieved when the mental-emotional totality was addressed, confirming that the vitiligo was a secondary manifestation of systemic stress and miasmatic load[3,5].

CONCLUSION

This case demonstrates that an integrated therapeutic model combining individualized classical homeopathy with adjunct light therapy is highly effective in managing complex, generalized vitiligo. By addressing the mind-skin axis, the treatment successfully neutralized the impact of professional stress and emotional triggers that previously drove disease progression.

INFORMED CONSENT

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The patient voluntarily agreed to the use of his demographic information, clinical history, and progress photographs, provided that his anonymity and confidentiality are strictly maintained.

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