



A CASE OF VITILIGO MANAGED THROUGH CLASSICAL HOMOEOPATHY

Vijay Bansode¹

¹Medical Mentor, Dr Batra's Positive Health Clinic Pvt. Ltd., Sakinaka Branch,

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ABSTRACT: Vitiligo is a chronic autoimmune skin disorder characterized by the loss of melanin pigment, resulting in well-defined white patches on the skin. Homeopathy provides a safe and holistic approach by addressing both the physical manifestations and the emotional and constitutional disposition of the patient. This case study highlights a 38-year-old male presenting with early-stage vitiligo. Over the course of six months of treatment, the patient demonstrated steady improvement, with complete repigmentation of the patches, no recurrence, and a significant improvement in emotional well-being. This paper demonstrates the efficacy of individualized homeopathic treatment in managing vitiligo and improving quality of life by addressing the disease on deeper emotional and miasmatic levels.

INTRODUCTION

Vitiligo is a pigmentary disorder caused by the progressive destruction of melanocytes, leading to depigmented patches on the skin. It is considered an autoimmune condition where the body's immune system mistakenly attacks its own pigment-producing cells¹. The exact cause remains unknown, but a combination of genetic, autoimmune, oxidative stress, and neurogenic factors is believed to contribute to its development².



Common triggers include emotional stress, skin trauma, infections, and hormonal imbalances^{3,4}. Clinical manifestations include well-demarcated, white macules or patches typically seen on the face, neck, hands, arms, and feet. Some patients may experience premature graying of hair, changes in mucosal pigmentation, or increased sun sensitivity⁵. While vitiligo itself is painless, its cosmetic impact can lead to significant psychological complications such as low self-esteem, anxiety, social isolation, and depression⁶. There are two main types of vitiligo—segmental and non-segmental—with non-segmental being more common and widely distributed^{5,7}. Complications may include emotional distress, sunburns on depigmented skin, and secondary infections due to skin barrier compromise⁹. The role of homeopathy in vitiligo management is to restore internal balance by addressing the root emotional and miasmatic causes. Unlike conventional approaches, homeopathy considers the individual's constitution, mental traits, physical generals, and disease history to select the most similar remedy⁸.

CASE PROFILE

A 38-year-old married male, professionally qualified as a civil engineer, began experiencing the appearance of light white to pinkish hypo pigmented spots on his right hand and the left side of his neck. These patches started spreading in size over a short span of one month, leading to growing concern and emotional distress. Although there was no family history of similar conditions, the sudden onset and progression of these visible skin changes caused apprehension about the nature and extent of the issue. Accompanying this, he also suffered from persistent acidity and bloating, particularly after meals, which affected his daily comfort and dietary habits. The discomfort from digestive issues added to the physical unease, making him more conscious of his overall health.

H/O PREVIOUS COMPLAINTS

Bilateral renal calculi - 1 year ago

Dengue fever (past episode, no current complications).

H/O FAMILY ILLNESS

Father – Diabetes Mellitus Type 2 (DM2)



Mother – Hypothyroidism

Family also has a history of renal stones (not genetically confirmed but noted)

GENERAL SYMPTOMS

The patient's appetite was normal and He ate 3 times a day. Thirst was also Normal and he drank about 8-9 glasses of water per day. His stools were regular and he voided urine without any difficulty. He had a unrefreshing sleep but sleeps for about 6 hours and prefers sleeping on the right side. His sweat was generalized and profuse but non-offensive. The patient prefers winter season desire towards thin covering. His thermal was Ambi. Also, he desires for sweets and has an aversion towards Chicken and Egg.

EXAMINATION OF THE PATIENT

Hypo pigmented patches noted on the skin of right forearm and left side of the neck; patches are light white to pinkish in color. No scaling or discharge observed. Initially progressive in size; no new lesions noted on recent follow-up. Skin over the patches is smooth, without induration or roughness.

MENTAL GENERALS

The patient is a 38-year-old married male originally from Jabalpur, currently living in a joint family setup. His family includes his wife, who is a homemaker, two children, and his parents, who reside with them. His father is retired, and his mother is a homemaker. He completed his Bachelor of Engineering in Civil Engineering and currently works in the construction sector, handling building and apartment site projects. His work involves on-site supervision and managing teams, which brings a certain degree of stress; however, he describes it as manageable. He reports having a smooth and pleasant childhood without any significant difficulties. His academic performance during school years was satisfactory, and he did not experience episodes of bullying or interpersonal issues with teachers or peers. His parents maintained a balanced approach to discipline, and there were no unrealistic expectations placed on him. He shares a good relationship with his siblings.



Emotionally, he is a calm and soft-spoken individual. He is sympathetic, caring, and often shows deep empathy toward others, especially his loved ones. He tends to feel anxious under pressure or when faced with uncertainty, and he admits to being sensitive by nature, especially when it comes to the wellbeing of his family. He has a vivid imagination and is prone to fear and anticipatory anxiety. Over the last month, he has been under considerable emotional stress due to the appearance and spread of skin depigmentation, which has triggered worry and lowered his self-confidence. While he generally maintains a composed demeanor, he becomes short-tempered in professional situations when things do not go according to plan. For example, if construction tasks are delayed or team members fail to meet deadlines, he experiences a surge of irritability. He acknowledges these emotional reactions but often tries to regain control once the situation stabilizes.

CASE ANALYSIS

Reportorial Totality

REPERTORY USED	RUBRICS SELECTED
Synthesis Treasure Edition 2009V (SCHROYENS F)	Mind – Ailments from – embarrassment Mind – Fear – alone, of being Mind – Fear – darkness, in Mind – Fear – happen, something will Mind – Anxiety – health, about Mind – Sensitive – impressionable Mind – Sympathetic

Table 1: Reportorial Totality



REPERTORY CHART

SELECTION OF REMEDY

DRUG	POTENCY	DOSAGE	REPETITION	REASON
PHOS	200C	2 Pills	Once in 3–4 Days	Chosen as the constitutional remedy for anxious, sympathetic, emotionally sensitive patient with craving for cold and vivid imagination
IMMUN OFORC	NA	1 tab	Twice daily	Selected as an intercurrent to boost immunity and support repigmentation in vitiligo

Table 2: Reason for Remedy Selection

OBSERVATION AND RESULTS

MONTH	PROGRESS	PRESCRIPTION
1st month (Aug 2024)	Initial presentation of vitiligo on right arm, neck, and back. Lesions increasing in size.	PHOSPHORUS 200C – 2 pills, 1 dose/week IMMUNOFORC – 1 cap, twice daily
2nd month (Sep 2024)	Visible repigmentation started on affected spots. No new lesions observed. Sleep and bowel movements good.	PHOSPHORUS 200C – 2 pills, 1 dose/week IMMUNOFORC – 1 cap, twice daily
3rd month (Oct 2024)	Hypopigmentation on right elbow and neck reduced further; about 80% improvement. Acidity and bloating improved by 50%.	PHOSPHORUS 200C – 2 pills, 1 dose/week IMMUNOFORC – 1 cap, twice daily
4th month (Nov 2024)	Continued repigmentation; no new spots. Bowel regular, occasional acidity. Underwent 6 sessions of Derma Heal. ~80% recovery overall.	PHOSPHORUS 200C – 2 pills, 1 dose/week IMMUNOFORC – 1 cap, twice daily

5th month (Dec 2024)	90% repigmentation on arm and neck. No new lesions. Acidity and heaviness after meals better by 30%. Sun protection and diet continued.	PHOSPHORUS 200C – 2 pills, 1 dose/week IMMUNOFORC – 1 cap, twice daily
6th month (Jan 2025)	Complete repigmentation achieved. No new patches observed. Hyperacidity relieved by 40%. Recommended for renewal.	PHOSPHORUS 200C – 2 pills, 1 dose/week IMMUNOFORC – 1 cap, twice daily

Table 3: Observed Changes during Follow-up and Prescription



Figure 1: Before and After Treatment

RESULT

A 38 yr old male presented with hypo pigmented patches on the right arm and left side of the neck with no family history of vitiligo. The patient experienced psychological distress due to the cosmetic and social impact of the lesions. He also suffered from chronic acidity and bloating, adding to his physical discomfort. A detailed case-taking revealed a calm, caring, and sympathetic personality with marked emotional sensitivity and anxiety, especially during stressful situations. Based on these constitutional features, Phosphorus was selected as the constitutional remedy. Additionally, Arsenicum Sulphuratum Flavum was used during the acute stage to manage the active depigmentation process, and Immunoforce was given as an intercurrent support to enhance



immunity and skin healing. Over a period of six months, the patient showed consistent progress. Visible repigmentation began within the first two months, and no new patches were observed during the course of treatment. By the fourth month, around 80–90% improvement was seen, and by the sixth month, complete repigmentation was achieved with supportive photographic evidence and also significant relief from acidity and bloating was noted. The remedy response, along with nutritional support, topical care, and homeopathic constitutional prescribing, contributed to holistic healing on both physical and emotional levels.

DISCUSSION

This case of vitiligo treated with individualized Homoeopathic treatment shows a good improvement, which indicates the effectiveness of Homoeopathic remedies in Autoimmune skin diseases.

A prospective observational pilot study held on 30 patients with vitiligo showed a consistent substantial improvement. The medicines mostly found useful in the study were Arsenicum sulphuratum flavum, Arsenicum album, Nitricum acidum, and Syphilinum as intercurrent and total VASI score used in that study with VETF staging showed significant improvement⁴. This study also supports the evidence of effectiveness of Homoeopathic treatment in Autoimmune skin diseases. Another multi centric observational study held on 432 patients suffering with vitiligo over a period of 2 years also supports this study. Vitiligo Symptom Score was used in this study, mean VSS at interval of every 6 months and photographic evidence also showed significant improvement⁵.

CONCLUSION

This case illustrates how individualized homeopathic treatment can successfully address autoimmune skin disorders like vitiligo by considering not just the local pathology but also the underlying emotional and miasmatic layers. The steady improvement without relapse or new lesions confirms the effectiveness of the selected remedies in restoring both skin health and emotional balance. Further larger studies will help in supporting effectiveness of Homoeopathic treatment in Autoimmune skin disorders.



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Address for*Correspondence:** Vijay

Bansode, Medical Mentor, Dr
Batra's Positive Health Clinic
Pvt. Ltd., Sakinaka Branch,

Email: [chc-
aurangabad@drbatras.com](mailto:chc-aurangabad@drbatras.com)

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