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A CASE OF PEDIATRIC VITILIGO TREATED WITH HOMOEOPATHIC MEDICINE LYCOPODIUM- A CASE REPORT

Aruna Pathania[1]

[1]CHC, Dr Batra's Positive Health Clinic Pvt. Ltd., Yamuna nagar Branch,

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ABSTRACT: Vitiligo is a chronic autoimmune skin disorder characterized by progressive depigmentation resulting from the destruction of melanocytes. This case study presents a 12-month homeopathic intervention for a 12-year-old girl suffering from vitiligo localized to the upper lip, which significantly impacted her emotional well-being and social confidence. Conventional treatment approaches had failed to yield substantial improvement. A classical homeopathic protocol was initiated, based on totality. By the end of the year, complete recovery of pigmentation and emotional balance was observed. This case highlights the effectiveness of individualized homeopathy in treating vitiligo holistically, promoting both physical and emotional well-being.

INTRODUCTION

Vitiligo is a long-standing pigmentary disorder that affects 0.5–2% of the world population and is characterized by the selective loss of melanocytes, leading to well-defined depigmented macules and patches on the skin and mucous membranes[1,2]. While not life-threatening, vitiligo can have a profound psychological and social impact, especially when visible on the face or lips[3,4]. The exact etiology remains unclear, but multiple mechanisms including autoimmune, genetic, oxidative stress, and neurogenic factors are implicated[5].

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Conventional therapies include topical corticosteroids, calcineurin inhibitors, phototherapy, and surgical interventions[6,7]. However, the response is often inconsistent, and recurrence is common[8,9]. In recent years, complementary approaches like homeopathy have gained attention for their individualized and holistic methodology. Homeopathy views vitiligo as a manifestation of internal derangement, often linked with suppressed emotions, constitutional tendencies, or miasmatic influences. Remedies are selected based on the totality of symptoms, encompassing physical, mental, and emotional levels. This case report illustrates the homeopathic management of a young female with upper lip vitiligo, demonstrating gradual but consistent improvement over 12 months with Lycopodium as the constitutional remedy, supported by local applications and counseling.

CASE PROFILE

A 17-year-old boy began experiencing a distressing white patch on his lower lip, first noticed as a small spot that rapidly spread to cover the entire lip within a month. Although there was no itching, burning, or pain, the sudden appearance and visibility of the patch caused significant emotional turmoil. The cosmetic disfigurement on such a prominent facial area led to self-consciousness and fear of social judgment. He grew anxious about how peers would perceive him, especially as the condition worsened. This psychological impact was further deepened by the stigma and curiosity from others, affecting his confidence and daily interactions, particularly in social and school environments.

H/O PAST ILLNESS: Nothing Specific

H/O FAMILY ILLNESS

Maternal uncle (mother's brother) has a history of similar skin condition (vitiligo/skin disorder).

GENERAL SYMPTOMS

The patient's appetite was normal and he ate 3 times a day. Thirst was incredibly and he drinks water frequently. His stools were regular and he voided urine without any difficulty. He slept for 7 to 8 hours without any disturbance. His sweat was excessive. The patient prefers cold climate. His thermal was Hot. He desires for spicy food (+++) and also desires Sweets (++).

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EXAMINATION

Wood's Lamp Examination: Pigmented lesions appear brownish, indicating epidermal involvement.

MENTAL GENERALS

The patient, a 17-year-old boy currently studying in the 7th standard, lives in a joint family with his parents and shares a close emotional bond with his sister. Since early childhood, he has been extroverted, talkative, and enjoys outdoor activities, especially playing volleyball. He is naughty and non-diligent by nature, often avoiding responsibilities. He tends to be dictatorial, particularly towards younger children, and has a strong desire to control those around him. His anger is intense, and he is known to throw things when upset. Despite this, he is emotionally sensitive, sympathetic, and possesses a sharing nature. He experiences a pronounced fear of darkness and suffers from strong anticipatory anxiety, often becoming restless before events. He weeps easily and feels better when consoled. The patient is obstinate and resists change when opposed, yet paradoxically enjoys variety and wandering. His disposition shows traits of being hot, thirsty, egoistic, right-sided, and yielding in nature, making his emotional landscape complex—combining dominance, emotional expressiveness, and underlying insecurity.

CASE ANALYSIS: Reportorial totality

Mind – Anger – violent
Mind – Dictatorial
Mind – Fear – darkness, of
Mind – Obstinate, headstrong
Mind – Egotism, self-esteem
Mind – Anxiety – anticipation, from
Mind – Weeping – easily
Mind – Consolation – amel.
Mind – Sensitive – oversensitive
Mind – Loquacity
Mind – Wandering desire

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SELECTION OF REMEDY

DRUG	POTENCY	DOSAGE	REPETITION	REASON
LYC	200C	2 globules	Once weekly	Selected constitutionally based on hot temperament, thirst, egoistic and dictatorial nature, fear of darkness, and right-sided symptoms.
ARS-S-F	3X	2 tablets	Twice daily	Supportive remedy to promote skin healing and aid in repigmentation during vitiligo recovery.

Table 1: Analysis of Remedy Selection

OBSERVATION AND RESULT

MONTH	PROGRESS	PRESCRIPTION
1st Month	New patches present on upper lip, size 1–2 cm. No pigmentation seen. Patient emotionally anxious, low confidence.	Lycopodium 200 – weekly Ars-S-F 3X – BD Psorela Q – local application Dermaheal session – weekly
2nd Month	No new patches appeared. Size and number of existing patches remained same. Patient slightly relaxed, emotionally more hopeful.	Sac lac Ars-S-F 3X – BD Psorela Q – local application
3rd Month	Same as previous month. No new patches. No spread. Slight reduction in whiteness observed. Patient more accepting.	Repeat previous prescription
4th Month	Marginal improvement seen. Slight pigmentation visible at edges. Patches flattening. Confidence slightly better.	Lycopodium 200 repeated Other medicines continued
5th Month	Pigmentation initiated in central patch. Patch size reduced to 1 cm. No new lesion. Emotional calmness improved. Patient positive.	Sac lac Ars-S-F 3X – BD

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		Psorela Q Dermaheal – weekly
6th Month	Pigmentation spread over 30–40% of affected area. Skin texture improved. No new spots. Emotional stability noted.	Sac lac
7th Month	Pigmentation continues in previous areas. Slight improvement in lip contour noticed. No inflammation. Mood cheerful.	Sac lac
8th Month	Pigmentation increased to ~60%. Edges blending with normal skin tone. Confidence significantly improved.	Sac lac
9th Month	Pigmentation over 80% of upper lip. Skin texture smoother. Patient able to smile confidently in public. No emotional withdrawal.	Sac lac
10th Month	Cosmetic improvement marked. Over 90% of pigmentation restored. Emotional well-being strong. Patient highly motivated.	Sac lac
11th Month	Near complete recovery seen. Minor shadowing only on close observation. Confidence fully restored.	Sac lac
12th Month	Lip appears completely normal. Color, tone, texture match surrounding skin. No residual patch. Patient reports high satisfaction and emotional closure.	Sac lac

Table 2: Record of the Follow-up

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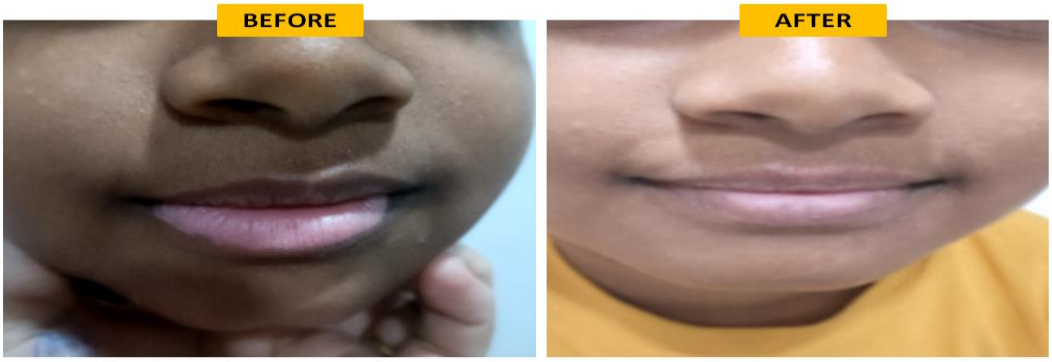

Figure 1: Before and After Treatment

DISCUSSION

This case demonstrates the effectiveness of individualized homeopathic treatment in managing a challenging case of localized vitiligo on the upper lip. The patient presented with loss of pigmentation, accompanied by emotional distress, low confidence, and aesthetic concerns. Conventional treatment offered little to no change, prompting the patient to seek a holistic alternative. A constitutional approach was adopted, with Lycopodium selected based on the patient's personality traits, suppressed emotions, and slow disease progression. Supportive organ remedies and local applications like Psorela Q complemented the constitutional medicine. Additionally, weekly derma heals sessions provided external stimulation to support skin regeneration. The follow-up revealed that while the initial months showed stabilization with no new patches, pigmentation began gradually and consistently from the fifth month onward. Emotional parameters improved in parallel, indicating a positive mind-body correlation. By the twelfth month, the pigmentation was completely restored, and the lip regained its normal appearance and tone. This case emphasizes the importance of selecting remedies based on the totality of symptoms and the patient's emotional state. The medicine is selected based on the pathology of symptoms[10].

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CONCLUSION

This case study suggests that homoeopathy, by addressing individualized symptomatology and psychosomatic factors, may play a significant role in the management of pediatric vitiligo. Its potential to promote repigmentation, alongside amelioration of emotional distress, underscores the relevance of a holistic treatment model in chronic dermatological disorders. Further controlled studies are warranted to validate these observations and to establish evidence-based protocols integrating homoeopathy for comprehensive pediatric vitiligo care.

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***Address for Correspondence:** Aruna Pathania, CHC, Dr Batra's Positive Health Clinic Pvt. Ltd., Yamuna nagar Branch,

Email: chc-aurangabad@drbatras.com

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