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ORIGINAL ARTICLE

ROLE OF MIASMS IN HOMOEOPATHIC TREATMENT OF VITILIGO

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Abstract

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Key Word- Vitiligo, Miasm, Melanocytes, Vitiligo Symptoms Score, Single-blind.

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Vitiligo, the pigmentary disorder of indefinite cause is characterized by depigmented or hypo pigmented patches that result from absence or reduction in melanocyte. **Objective:** To evaluate the outcome of Miasmatic prescription of medicine in case of vitiligo by analyzing the improvement Vitiligo symptoms score scale used by CCRH, New Delhi. **Methods:** Single-blind clinical study without controlled group was conducted at single center at OPD of SGNRHMC & RI, Sriganganagar, Rajasthan. A total 100 suffering from Vitiligo (ICD Code L-80) was selected randomly and prescribes homoeopathic medicine on basis of miasmatic consideration of symptoms and individualization of patients. The assessment was done at Pre and Post-treatment using Vitiligo Symptoms Score used by Central Council Research in Homoeopathy, New Delhi, and for statistical analysis 2 sample dependent T-test was used at significance level <0.5. **Results:** Total 100 (n) participant analyzed after study, pre mean score of VSS was 10.68±3.001 (Mean±SD) and post mean VSS score after treatment was 4.67±2.30 (Mean±SD). It mean there is reduction of vitiligo symptoms score after treatment so miasmatic prescription of homoeopathic medicine effective in management of vitiligo. T Test calculated value was 37.56 at significance level 0.05, corresponding p value was <0.0001 so alternate hypothesis was accepted. Most common miasm found in case of vitiligo was syphilis miasm. **Conclusion-** Miasmatic Prescription of homoeopathic medicine effective in management of Vitiligo.

INTRODUCTION

Vitiligo is also known as leukoderma. It is an autoimmune skin condition with familial predisposition, characterized clinically by milky white patches or macules with scalloped margin that causes an immense psychological upset of the affected individual. Vitiligo, the pigmentary disorder of indefinite cause is characterized by depigmented or hypopigmented patches that result from absence or reduction in melanocytes. Vitiligo is an acquired depigmentary disorder characterized by the loss of functioning epidermal melanocytes. Vitiligo is an acquired noncontagious, idiopathic, depigmentation disorder in which progressive loss of functional melanocytes result in patchy depigmentation of the skin (Le Poole and Boissy, 1997). The prevalence of vitiligo is reported to be around 0.2-1.8% worldwide, (Zhang et al., 2016) and 0.5 to 2.5% in India based on a few dermatological outpatient records (Handa and Kaur 1999). This depigmenting disorder has prevalence among worldwide, irrespective of age and sex. Vitiligo affects 1 to 2% of the global population with an equal incidence in male and female patients.

Even after extensive scientific research, the treatments of leucoderma are still very scarce and have not been proven to work for a majority of people.

Photochemotherapy involves the usage of UV rays for photoactivation of the drug to cause photosensitization of skin which in turn leads to repigmentation.

The patient suffering from vitiligo has to undergo social humiliation not only for its suspicion of family inheritance and potentiality of the disease for infection, but due to the visibility of it. The patient has undergone social pressures. Still in these days in rural areas as well as in towns and cities, as soon as the disease is detected the victimized individual is stamped. People begin to behave differently towards him. Vitiligo is thus an important skin disease having major impact on the quality of life of patients. Vitiligo has been classified into three main types: non-segmental, segmental and mixed vitiligo.

Homoeopathy never looks at Vitiligo as a local disease. Vitiligo has been considered as a local expression of a systemic disturbance. There is no single specific remedy for all the cases of Vitiligo. The exact treatment is determined only by in-depth evaluation of each individual case thus finding the exact constitution of the patient. Every case of Vitiligo calls for study of the patient's constitution which includes various aspects of his physical aspects as well as the in-depth study of the mental sphere, such as emotions, psychosocial background, and behavior and personality

pattern, Miasm etc. Homoeopathy is a holistic form of medicine. Cost wise, there is no other medical system in the world which is as inexpensive as homoeopathy. It is economical so that it can reach out to the poorer sections of society.

OBJECTIVES

1. To evaluate the outcome of Miasmatic prescription of medicine in case of vitiligo by analyzing the improvement Vitiligo symptoms score scale used by CCRH, New Delhi.
2. To study the miasmatic background of vitiligo.

HYPOTHESIS

- **Null hypothesis:** There is no significant changes in symptoms of patient (Pre and post Vitiligo symptoms score) before and after study, after miasmatic prescription of homoeopathic medicine. It means Homoeopathy (Along with Miasmatic Consideration) is not effective in management of Vitiligo.
- **Alternate hypothesis:** There is significant changes in symptoms of patient (Pre and post Vitiligo symptoms score) before and after study, after miasmatic prescription of homoeopathic medicine. It means Homoeopathy (Along with Miasmatic Consideration) is

effective in management of Vitiligo.

Material and Methodology

Study Design- Experimental study, Single blind, Randomized clinical trial without any controlled group.

Study Setting- This study was single centered study, conducted at OPD/IPD of Sri Ganganagar Homoeopathic Medical College Hospital and Research Institute, Sri Ganganagar, Tanta University, Sri Ganganagar, Rajasthan.

Case Definition- Case selected as per criteria ICD-10-CM Diagnosis Code L80.

Study Duration- The Study was conducted within 1.6 yrs.

Sampling Method and Sample Size- Probability method of Simple random sampling (SRS) was used for selection of sample from population. Total 100 cases were selected by simple random sampling method from study center OPD/IPD of Sri Ganganagar Homoeopathic Medical College Hospital and Research Institute, Sri Ganganagar.

Blinding – Single Blind Study, so patient does not know they take which medicine.

InclusionCriteria:

- ✓ Cases of all age group and both sexes were taken for study.
- ✓ 100 cases as per the case definition
- ✓ Patient selected from various socio-economic strata.
- ✓ Patient with regular follow up.

Exclusion Criteria:

- ✓ Symptoms associated with any other disease condition.
- ✓ Patient who are having any complication.
- ✓ All medico-legal cases will be excluded.
- ✓ All the cases that did not fulfill the standard case definition.
- ✓ Patients who were not cooperate during treatment.
- ✓ Patient without written consent.
- ✓ Immuno-compromised patient.

Intervention- Each cases study in details, full case taking, individualization and make totality of symptoms. Each case prescribed suitable Homoeopathic medicine as per totality of case along with miasmatic consideration.

Informed Consent document : Take prior to beginning of study.

Assesment method- Vitiligo Symptoms Score developed bu CCRH New Delhi used for asses the progress of cases. When patient enroll for study at that time pre assesment taken and after that 9 month again post study assesment was taken, and compare both score.

Ethical clearence : Institutional Ethics Committee of Tantia University, Sri Ganganagar was approved study protocol prior to beginning of study.

Record of work: Case taking Proforma as per Organon of Medicine used along with Vitiligo symptoms score.

Repertory: Repertory used according to the need of case.

Remedy selection: Remedy was selected by totality of symptoms and individualizing features of patients along with miasmatic consideration.

Placebo: Placebo was prescribed as per indicated in Organon of Medicine as per posology.

Source of remedy: Pharmacy of Sri Ganganagar Homœopathic Medical College, Hospital and Research Institute, Sri Ganganagar.

Remedy application: Potency selection, application and repetition of medicine(s) were done according to the need of case and as per posology.

Medicine Dispense- Medicine had given in globules no. 40 through oral route.

Investigation: All necessary investigations were done at this institute. If special investigations are needed, patients may be referred to higher laboratories.

Statistical Test/Tools - 2 sample dependent T –test used for analysis of study at 0.05 level of significance. Micorosoft excell, Social science calculator used for calculation, Data prasant in form of graph and table as per need.

Expected outcome: as per improvement of symptoms of patients.

- **Marked-** When more than 75% improvement of symptoms of patients (Up to 3 Score).
- **Moderate-** When more than 50% improvement of symptoms (Up to 10 score)
- **Mild-** When more than 25% improvement of symptoms.
- **Status Quo-** No Improvement.
- **Drop Out-** Patient leaves the case in between study.

Brief Procedure- 100 cases of vitiligo selected as per case definition (ICD 10 code L 80) by simple random sampling method from OPD/IPD of Sri Ganganagar Homoeopathic Medical College Hospital and Research Institute, Sri Ganaganagar, Rajasthan. Explain to the all Patient pros and cons of study, if they are agree then take informed consent document and begins study as per direction of Homoeopathy, proper case taking, make totality of symptoms, prescribe appropriate Homoeopathic medicine to patient, patient does not know they take which medicine so this study was single blind study. Vitiligo symptoms score was used for assesment of Vitiligo pre and post study. After completion of study analysis was done and draws the conclusion.

RESULT

Total 100 (n) particpaant analyzed after study, pre mean scoreof VSS was 10.68 ± 3.001 (Mean \pm SD) and post mean VSS score after treatment was 4.67 ± 2.30 (Mean \pm SD). It mean there is reduction of vitiligo symptoms score after treatment so miasmatic presciption of homoeopathic medicine effective in management of vitiligo. T Test calculated vullue was 37.56 at significance level 0.05, corresponding p vullue was <0.0001 so alternate hypothesis was accepted because p value is less than 0.05. Most common miasm found in case of vitiligo was syphlis miasm i.e. in 60 cases out of 100. After study 24 cases show marked, 65 cases show moderate and 10 cases shows mild improvement during study and 1 case discontinue during study. Silicea and Natrum Mur used in 12 cases lycopodium in 11 and hydrocotyl in 10 cases etc. During study 52 cases belong from rural areas and 48 cases from urban areas. Vitiligo does not depend on habitat of patients. Out of 100, 54 male patient and 46 female patient participeted. Maximum 65 patients participeted in between age group 21-40 yrs, 30 patients participeted age group 41-60, 3 patient below 20 yrs and 2 patients above 60 years.

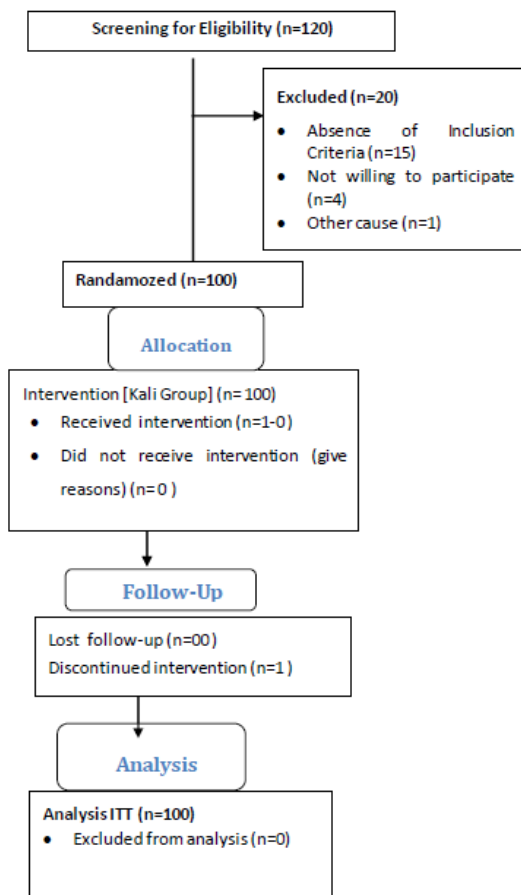


Fig 1 Study Flow Diagram

OBSERVATION

Following observation were observed after completion of study-

Gender Distribution -

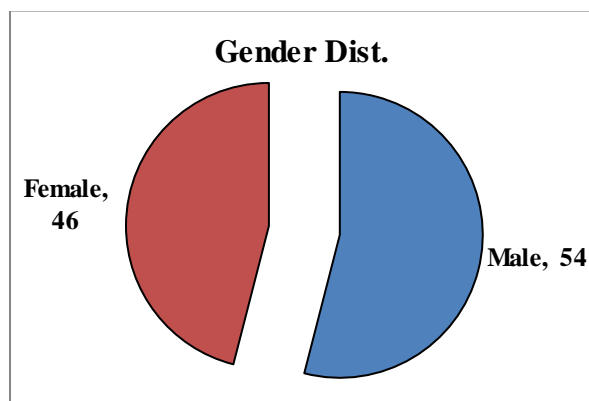


Fig. no. 3 Pie Diagram of Gender Distribution

	Pre	Post	Tcal	DF	Ttab at p=0.05	P Value	Remark
Mean	10.68	4.67	-37.56	99	1.987	<0.0001	Significant
S.D.	3.0	2.3					H1 Accepted

Fig no. 2 T Test Result

Age Distribution

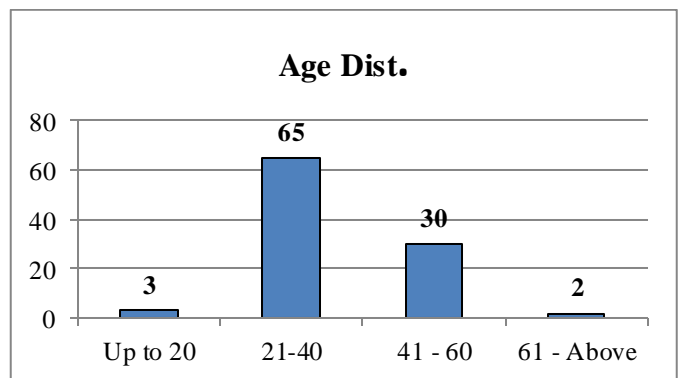


Fig no. 4 Bar Diagram of Age Distribution

Habitat

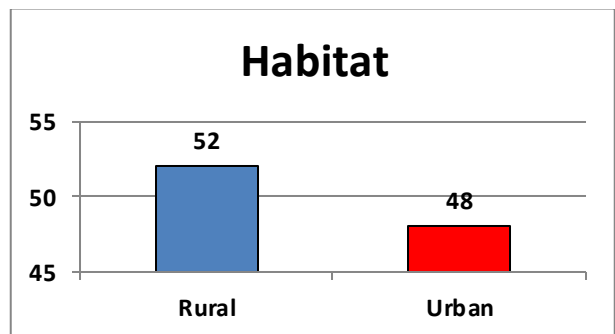


Fig no 5 Bar Diagram of Habitat

Socio-Economic Status of Patients

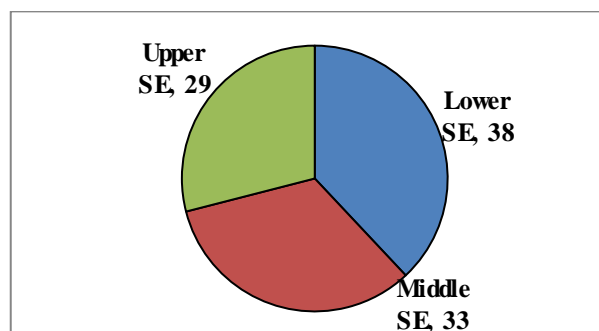


Fig no. 6 Pie Diagram of Socio-Economic

Medicine Used During Treatment

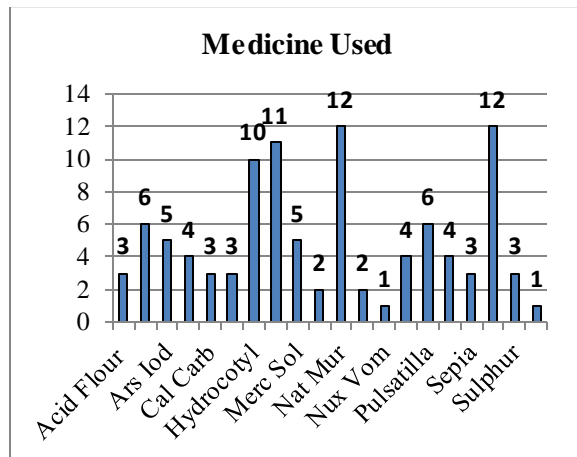


Fig no. 7 Bar Diagram of Medicine used During Treatment

Dominant Miasm During Study-

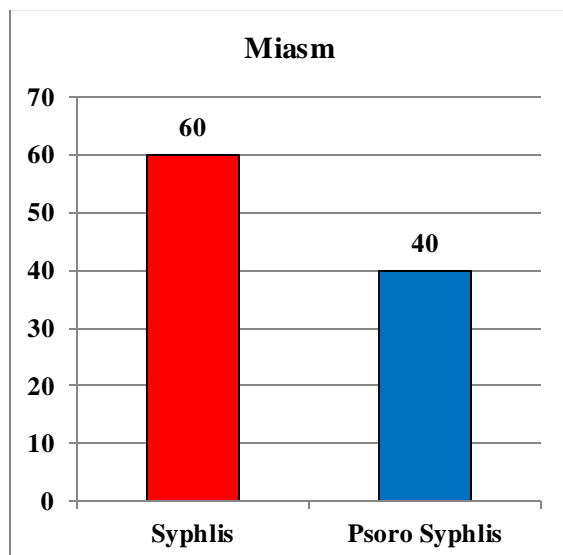


Fig no.8 Bar Diagram of Dominant Miasm

Result after Treatment

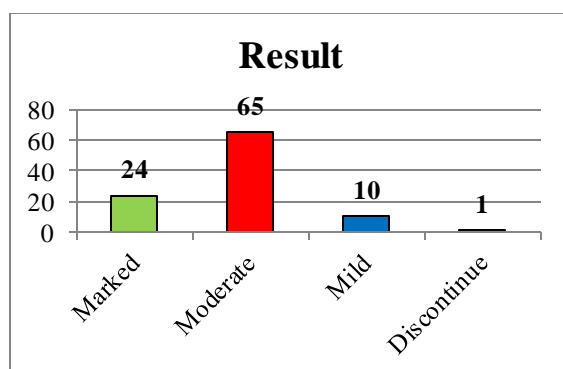


Fig 9 Bar Diagram of Response

Pre and Post Vitiligo symptoms Score

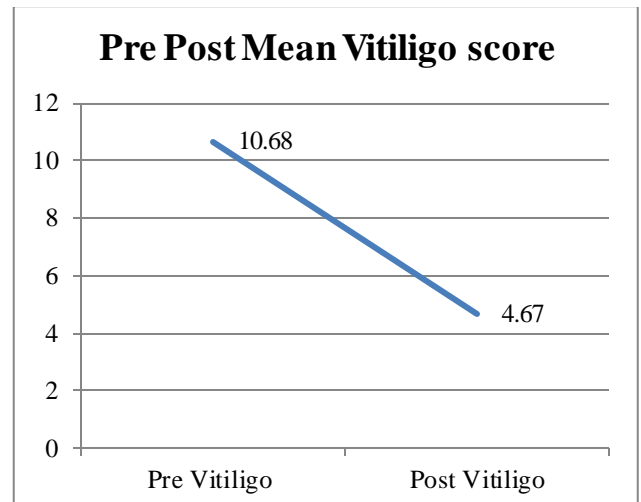


Fig no. 10 Pre Post Mean Vitiligo Score

CONCLUSION

Following conclusion drawn after concluding the study-

1. Miasmatic Prescription of homoeopathic medicine effective in management of Vitiligo.
2. Pre mean vitiligo symptoms score was (Mean±SD) 10.68±3.0 and post mean vitiligo symptoms score (Mean±SD) 4.67±2.30. after miasmatic prescription there is reduction of vitiligo symptoms score.
3. T Test calculated value was 37.56 at significance level 0.05, corresponding p value was <0.0001 so alternate hypothesis was accepted.
4. Most common miasm found in case of vitiligo was syphlis miasm. Syphlis and psoro-syphlis mainly responsible for vitiligo. Dr Hahneman Says behind any chronic dyscrasia is a miasm.

5. After study 24 cases show marked, 65 cases show moderate and 10 cases shows mild improvement during study and 1 case discontinue during study. Above response show that miasmatic prescription of homoeopathic medicine effective in the management of vitiligo.
6. During study Silicea and Natrum Mur used in 12 cases lycopodium in 11 and hydrocotyl in 10 cases. Other medicine used during treatment was Ars alb, Acid flour, Merc Sol, bacilinium, Cal Carb, Sepia, Nux vom, graphitis etc. total 20 homoeopathic medicine used during miasmatic prescription for vitiligo. In Homoeopathy no specific medicine for any disease.
7. Vitiligo does not depend on Socio-economic status of patients, it affect all people.
8. Vitiligo does not depend on habitat of patients.
9. Vitiligo affects most commanly age group 21-40 years of patients.
10. In my study cases of male patient was more than female patients, But we can not conclude that male have more incidence than female.

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