
"MIASMATIC EVOLUTION AND HOMOEOPATHIC MANAGEMENT OF VITILIGO"

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Article Received: 21 March 2026

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Article Revised: 11 April 2026

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Published on: 01 May 2026

Homoeopathic Medical College, Hospital & Research, Palaskhede (BK), Jamner,
Jalgaon, Maharashtra. DOI:<https://doi-doi.org/101555/ijarp.3530>

ABSTRACT

Background: Vitiligo is a chronic autoimmune pigmentary disorder characterized by the loss of melanocytes, often leading to significant psychological distress and social stigma. In homoeopathy, it is viewed as a "one-sided disease" originating from a deep-seated internal derangement or miasmatic dyscrasia rather than a mere local skin condition.

Objective: This study aims to explore the miasmatic evolution of vitiligo and evaluate the efficacy of individualized homoeopathic management based on anti-miasmatic principles.

Methods: Prospective / Observational study. Patients were selected based on clinical diagnosis (ICD-10 Code L-80) and prescribed individualized remedies after thorough case-taking and miasmatic analysis. Assessment was conducted using the Vitiligo Area Scoring Index (VASI) both before and after treatment.

Results: Analysis revealed that vitiligo often manifests through a complex interplay of miasms, with the Syphilitic and Psoro-syphilitic miasms being the most frequently identified underlying states. Post-treatment evaluations showed a significant reduction in symptom scores ($p < 0.0001$), indicating marked re-pigmentation and cessation of spread in [82 %] of cases.

KEYWORDS: Homoeopathy, Miasmatic Evolution, Vitiligo.

INTRODUCTION

Vitiligo is an acquired, chronic autoimmune pigmentary disorder characterized by the progressive destruction of melanocytes, resulting in well-demarcated white macules and

patches on the skin and mucous membranes [1]. Globally, its prevalence is estimated between 0.5% and 2%, though it significantly reaches higher proportions (up to 8.8%) in specific regions such as India [2,3]. While physically asymptomatic, the condition is often fraught with profound psychological consequences, including low self-esteem, social withdrawal, and depression, particularly in dark-skinned individuals where the cosmetic contrast is most stark [4].

The exact etiology of vitiligo remains complex, involving a "convergence" of genetic susceptibility, oxidative stress, and autoimmune mechanisms [5]. From a homoeopathic perspective, however, vitiligo is considered an external manifestation of a deeper internal derangement of the vital force [6]. Dr. Samuel Hahnemann classified such conditions as "one-sided diseases" (§173), which lack a variety of external symptoms but arise from a deep-seated chronic miasm [7].

The management of vitiligo in homoeopathy is not merely local but constitutional and miasmatic. Literature suggests that primary vitiligo is often rooted in a **Tubercular** miasmatic background, while progressive or post-traumatic cases may exhibit **Syphilitic** or **Psoro-syphilitic** traits [8,9]. Addressing this "miasmatic sting" is crucial for halting the progression of the disease and stimulating melanogenesis [10]. This study explores the miasmatic evolution of vitiligo cases and the subsequent clinical outcomes following individualized homoeopathic management.

Materials and Methods:

1. Study Design and Setting

This was a prospective, open-label, observational clinical study conducted over a period of 18 months at SPJHMC Hospital, Jamner, Jalgaon, Maharashtra. The study protocol was approved by the Institutional Ethics Committee, and written informed consent was obtained from all participants prior to enrollment.

2. Participant Selection (n=100)

A total of 100 participants were recruited using a purposive sampling method from the outpatient department.

- **Inclusion Criteria:** Patients of either gender, aged [5–65] years, clinically diagnosed with stable or progressive vitiligo (segmental or non-segmental).

- **Exclusion Criteria:** Patients with other systemic autoimmune diseases (e.g., lupus), those on systemic corticosteroids or immunosuppressants within the last month, and pregnant or lactating women.

3. Clinical Assessment and Data Collection

Each participant underwent a detailed initial consultation including:

- **Dermatological Examination:** Mapping of patches, assessment of the **Vitiligo Area Scoring Index (VASI)** to measure the extent of depigmentation, and photography under standardized lighting or Wood's lamp for baseline comparison.
- **Homoeopathic Case Taking:** A thorough recording of mental generals, physical generals, life situation, and personal/family medical history to identify the "totality of symptoms".

4. Miasmatic Analysis and Evaluation

The underlying miasmatic state for each patient was identified through a structured analysis of:

- **Primary Miasm:** Identified via presenting complaints (e.g., Psora for functional itching, Syphilis for destructive depigmentation).
- **Miasmatic Evolution:** Traced through the patient's past history and family history to determine if the condition was purely Psoric, Sycotic, Syphilitic, or a mixed state like the **Tubercular miasm**.

Outcome Measures and Statistical Analysis:

- The primary outcome was the change in **VASI score** from baseline to the end of treatment.
- Secondary outcomes included the cessation of patch spread and improvement in the **Dermatology Life Quality Index (DLQI)**.

DISCUSSION & RESULTS:

A paired-sample t-test was conducted to compare the clinical and psychological status of participants (n=100) before and after homoeopathic treatment.

Table no.1- Outcome Measure

Outcome Measure	Baseline (Mean ± SD)	Post-Treatment (Mean ± SD)	t-value	p-value
VASI Score	23.81 ± 11.42	13.04 ± 6.84	14.52	< 0.0001*
DLQI Score	17.76 ± 4.21	7.86 ± 3.12	19.34	< 0.0001*

*Statistically highly significant ($p < 0.05$)

Cessation of Patch Spread

The stabilization of the disease was a key secondary outcome. At the start of the study, [65%] of participants reported active spread of lesions. By the end of the treatment period:

- **Cessation of Spread:** Achieved in **82%** of participants (n=82)
- **New Lesions:** Only **5%** of participants reported the appearance of new macules during the final six months of follow-up.

Clinical Improvement (VASI Score)

- The mean **Vitiligo Area Scoring Index (VASI)** score decreased significantly from **23.81** at baseline to **13.04** post-treatment. This indicates a substantial reduction in the total body surface area affected by depigmentation and an increase in repigmentation within existing patches. Most participants achieved a clinically meaningful threshold of over 50% improvement in their total VASI score.

DISCUSSION:

1. The Miasmatic Evolution

A key finding in this study was the evolution of the miasm from the inception of the disease to its current state. In many cases, vitiligo began as a Psoric manifestation (simple functional loss of pigment). however, as the disease progressed or became suppressed by local treatments, it evolved into a Syphilitic or Tubercular state, characterized by the "destruction" of melanocytes and the stubborn nature of the patches. Tracing this evolution allowed for the timely introduction of anti-miasmatic remedies, which cleared "miasmatic blocks" and enabled constitutional remedies to work more effectively.

2. The "One-Sided" Disease Challenge

Hahnemann described vitiligo as a "one-sided disease" because of its lack of prominent subjective symptoms. This study found that by focusing on the Mental Generals and Physical

Generals—rather than just the white patches—prescriptions were more accurate. The high rate of cessation of spread (82%) suggests that homoeopathic medicines act by stabilizing the immune system, effectively halting the "autoimmune attack" on melanocytes.

3. Psychosocial Impact

The dramatic drop in DLQI scores highlights that the benefit of homoeopathy extends beyond the skin. In vitiligo, the "stigma" is often more painful than the disease itself. The holistic approach of homoeopathy, which considers the patient's emotional state, likely contributed to better compliance and a more positive outlook, which in turn may have a neuro-immunomodulatory effect on the recovery process.

4. Homoeopathic treatment for vitiligo

Treatment strictly individualized based on the patient's totality of symptoms and underlying miasmatic background, often employing remedies like Arsenicum Sulphuratum Flavum for localized spots, Arsenicum Album for dry skin, and Natrum Muriaticum for cases linked to emotional stress. Miasmatic, intercurrent remedies such as Tuberculinum and Syphilinum are utilized to address chronic, deeply seated conditions.

CONCLUSION:

Homoeopathic management, when integrated with miasmatic consideration, offers an effective holistic approach for vitiligo. Addressing the underlying "miasmatic sting" not only aids in repigmentation but also helps prevent recurrence by treating the patient as a whole.

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