

Homoeopathic research in vitiligo: Current scenario

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Abstract

Objective: The objective of the study was to conduct a review of the existing literature on homoeopathic research conducted on Vitiligo. **Materials and Methods:** A comprehensive online and manual search of research studies on vitiligo through Homoeopathy was conducted to identify publications in international search databases and library of Central Council for Research in Homoeopathy published during the period from 2006 to 2016. Relevant research was categorised by study type and appraised according to study design with their clinical outcomes. **Results:** In this review, 11 articles related to Homoeopathy on vitiligo were identified, of which four clinical observational studies and three case reports were assessed. **Conclusion:** Studies identify a positive role of Homoeopathy in vitiligo where repigmentation has been reported. The treatment, however, is prolonged and needs to be based on homoeopathic principles of totality and individualized treatment. Further, a larger number of studies on convincing evidence-based parameters including validated scales are essential requirements to document the usefulness of Homoeopathy in vitiligo.

Keywords: Central Council for Research in Homoeopathy, Homoeopathy, Observational studies, Randomised controlled trials, Vitiligo

INTRODUCTION

Vitiligo is a common chronic skin depigmentation disorder. It is due to stoppage of melanin formation by the melanocytes and presents as asymptomatic depigmented macules anywhere on the body including mucous membranes of lips and genitalia.^[1] In vitiligo, there is a marked reduction or even absence of melanocytes and melanin in the epidermis. Histochemically, there is a lack of DOPA-positive melanocytes in the basal layer of epidermis. The macules vary in size and shape as well as in colour. Some of the lesions or some parts of the lesions may be hypopigmented rather than depigmented. The course of the disease is very variable. The lesions in some patients may remain static or progress very slowly, whereas, in others, the disease progresses very fast and cover the whole body in few months. In few cases, spontaneous repigmentation has been noticed. It is usually perifollicular.^[1]

It affects around 0.5%–1% of the world population.^[2,3] As high as 8.8% prevalence have been reported in India, where considerable stigma is attached to the disease.^[4] Vitiligo patches can appear anywhere on the skin, but commonly affected sites include the area around the orifices, the genitals or any sun-exposed areas such as the face and hands. The hair and rarely, the eyes may also be affected.^[4,5]

Fifty percent of cases appear before the age of 20, with the disfigurement resulting in psychiatric morbidity in 16%–35% of those affected. Depression, sleep disturbances, suicidal thoughts, suicidal attempts, difficulties in relationships, and avoidance of social situations have been reported in individuals afflicted by vitiligo before adulthood^[6]

The proportion of patients with positive family history varies from one part of the world to another. In India, in particular, it ranges from 6.25% to 18%. Some studies reveal it as high as 40%.^[7]

The disease pathogenesis of vitiligo has not been fully elucidated. Autoimmune, biochemical and oxidative stress, genetic, neuronal and environmental factors are thought to interact and contribute to the development of vitiligo.^[6] Diagnosis of vitiligo is straightforward and can be made in primary care but atypical presentations may require expert assessment by a dermatologist. Patients with vitiligo often develop autoimmune thyroid disease

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or other autoimmune diseases. A blood test to check thyroid function should be considered in view of the high prevalence of autoimmune thyroid disease in patients with vitiligo. Wood's lamp may be of use in determining extent and activity of vitiligo, as well as monitoring response to therapy and the progress of lesions over time.^[8]

However, several diseases that are frequently misdiagnosed as vitiligo.^[8] These are Halo naevus, Hypopigmented naevus, Idiopathic guttate hypomelanosis, Leprosy, Lichen sclerosus (for genital vitiligo), Melanoma-associated leucoderma, Melasma, Mycosis fungoides-associated depigmentation, Naevus anaemicus, Naevus of ito, Piebaldism, Pityriasis alba, Pityriasis versicolor, Post-inflammatory depigmentation, for example, Scleroderma, Psoriasis, Atopic eczema, Post-traumatic depigmentation, Topical or drug-induced Depigmentation and Tuberous sclerosis.

Vitiligo and homoeopathy

In 19th century, practitioners acknowledged limitations for treatment of this condition and suggested Sulphide of Arsenicum to lessen the patch.^[9] Various stains were also advocated to temporary conceal the existing condition.^[10]

The homoeopathic literature^[1,9,10-13] subsequently suggested a number of medicines for the conditions mentioned as 'vitiligo,' 'leucoderma,' 'hypopigmented spots' such as: *Alumina*, *Ammonium carbonicum*, *Antimonium crudum*, *Arsenicum album*, *Arsenicum sulphuratum flavum*, *Aurum metallicum*, *Berberis vulgaris*, *Bryonia alba*, *Calcarea carbonica*, *Carbo animalis*, *Coca*, *Dulcamara*, *Graphites*, *Kalium muriaticum*, *Lycopodium clavatum*, *Mercurius solubilis*, *Natrum muriaticum*, *Natrum carbonicum*, *Nitricum acidum*, *Phosphoricum acidum*, *Pulsatilla*, *Sambucus nigra*, *Sepia officinalis*, *Silicea terra*, *Sumbulus moschatus*, *Sulphur*, *Tarentula hispanica*, *Veratrum album* and *Zincum phosphoricum*.

Further, patients frequently seek treatment of vitiligo from homoeopathic practitioners. There is, however, no comprehensive review to identify evidence base in Homoeopathy for treatment of vitiligo. This study was undertaken to identify the research conducted in Homoeopathy for treatment of vitiligo.

MATERIALS AND METHODS

The following criteria were adopted for undertaking this review:

Types of studies

This review included studies where the intervention was aimed at treating symptoms related to vitiligo through Homoeopathy. Any study where symptoms could at least be partially attributed to vitiligo treatments was included in this review.

All types of Randomised Controlled Trials (RCTs) and observational studies undertaken in any setting were included in the review. Well-documented and peer-reviewed case reports were also included.

Studies related to exclusively allopathic and complementary mode of therapeutics (Ayurveda, Unani, Siddha, Yoga and

Naturopathy) along with expert opinions on the vitiligo were excluded from this review.

Homoeopathy was defined, for the purpose of this review, as the use of homoeopathic medicines prepared in accordance with officially recognised homoeopathic pharmacopoeias. Any homoeopathic prescribing strategy was included.

Search methods for identification of studies

Electronic searches

A systematic literature search was conducted in the main international search databases (PubMed, Medscape and Science direct) for all clinical studies (both concluded clinical trials and reviews articles) published in the period from 2006 to August 2016. Online IJRH (Official publication of Central Council for Research in Homoeopathy [CCRH] [www.ijrh.org]) and clinical series published by council were also searched for articles on vitiligo and its scope of treatment in Homoeopathy.

Handsearching

Manual search was taken up at CCRH, an apex body which undertakes homoeopathic research in India. The CCRH library publishes Current Health literature Awareness Services (CHLAS), indexing the Journals/titles available in the library on quarterly basis. Furthermore, bulletin of National Institute of Homoeopathy was also manually searched on clinical studies related to vitiligo and its homoeopathic treatment.

For this search, all keywords related to Vitiligo i.e., hypopigmentation, depigmentation, leucoderma, pigmentation disorders, white patches, clinical studies, skin diseases and Homoeopathy were used. A total of 11 articles^[14-23] were identified [Figure 1].

Data analysis

The studies were assessed manually by two authors [DD, US], and details of the study of the identified fields were added manually. Third author [DT] re-examined the studies and cross-checked the entries made. The details of included studies as tabulated are given in Table 1.

RESULTS

Number of articles

In this review, 11 articles related to Homoeopathy on vitiligo were identified, in which five are clinical observational studies,^[14-17] three are case records,^[18-20] one is a double-blind, randomised, placebo-controlled homoeopathic pathogenetic trial,^[23] one is a pilot data collection study within a programme of quality assurance, improvement and development across all five homoeopathic hospitals in the UK National Health Service^[21] and one is a telephonic survey done at Homoeopathic Clinic, Lucca, Homoeopathic Reference Centre Region of Tuscany, Italy.^[22]

Out of these 11 studies, seven studies (four clinical observational studies and three case records) were included in this review. Human pathogenetic trial, data collection study, news paper report and telephonic survey were excluded from this review.

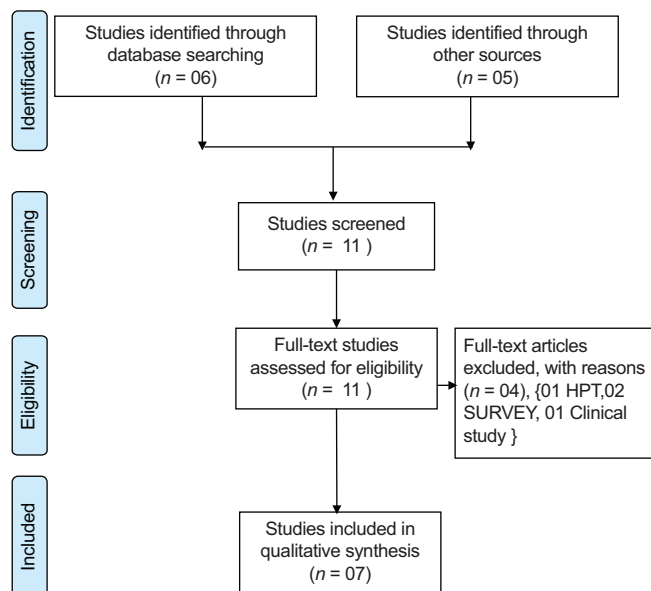


Figure 1: Flow diagram

Number of participants

In two observational studies, the number of participants are less than 50,^[15,16] whereas two studies have participants more than 200.^[14,17] Three are single-patient case reports.^[18-20]

Duration of treatment

One study has duration of treatment between 6 months to 1 year.^[15,17] In the remaining five studies, the duration of treatment is more than 1 year.^[14,16,18-20]

Homoeopathic treatment approach

A constitutional mode of homoeopathic approach is followed exclusively in seven studies.^[14-20] This approach has been detailed as determining totality of symptoms followed by case analysis and Miasmatic diagnosis.^[14] In one of the observational study, *Arsenicum sulphuratum flavum* was the experimental drug, but in few cases, other homoeopathic medicines were also prescribed after detailed case taking as per homoeopathic principles.^[17] In all three case records, prescription was done on the basis of case analysis and totality of symptom but no valid scales were used for assessments.^[18-20]

Medicines prescribed frequently

Medicines that are frequently prescribed in the clinical cases for vitiligo were identified in review as: *Sulphur*, *Arsenicum album*, *Arsenicum sulphuratum flavum*, *Calcarea carbonica*, *Causticum*, *Hydroquinone*, *Phosphorus*, *Lycopodium clavatum*, *Natrum muriaticum*, *Natrum sulphuricum*, *Nitricum acidum*, *Sepia officinalis*, *Silicea terra*, *Thuja occidentalis*, *Tuberculinum* and *Mercurius solubilis*. The potency used has shown no common pattern varying from 6 to 10 M in centesimal scale. 50 millesimal potency was reported to be used in one study.^[20]

Assessment/outcome parameters

In one study, standardised validated scales were used in the assessment of vitiligo such as Vitiligo Area Severity

Index score, Vitiligo European Task Force score and Dermatological Life Quality Index,^[15] while remaining five studies used totality of symptoms along with photographs of the patients at entry, during and after treatment as the outcome assessment measures. No standardised validated outcome scales were used in these five studies.^[16-20] In the study conducted by Central Council for Research in Homoeopathy, assessment was done on the basis of Vitiligo Symptom Score developed internally and photographs of the patients.^[14,19] The primary outcome measure was to identify the usefulness of individualised homoeopathic medicine in the repigmentation of the patches and the secondary outcome measure was to identify a group of homoeopathic medicines in the management of the vitiligo.

Treatment outcomes

All the studies reported positive outcomes, reflecting a rationale to use homoeopathy in the treatment of vitiligo.

Type of publication

Four studies are published in peer-reviewed journals,^[14,15,18,19] whereas three studies are non-peer-reviewed articles,^[16,17,20]

Level of evidences for clinical research

For three studies, the level of evidence for clinical research^[24] in the reviewed articles is 'B' which includes the controlled and uncontrolled observational studies,^[14,15,17] whereas for five studies, level of evidences is 'C' including the case reports.^[16,18-20]

DISCUSSION

This is only a literature review, attempting to collate the existing studies to identify their strong and weak aspects and to develop suggestions for future studies. A meta-analysis of the studies was not attempted considering the variations in patients' inclusion/exclusion and assessment parameters. No fixed criteria for study inclusion/exclusion were developed to do a systemic review. It was seen that in homoeopathic system very less number of studies have been conducted on vitiligo. Most are observational studies or isolated reporting of cases. There are no RCTs for treatment efficacy in vitiligo.

In these studies reviewed the treatment strategies followed were mainly constitutional with added in inclusion of mental & physical generals to develop patients's picture. Vitiligo being a chronic relapsing condition, so a constitutional and a holistic approach is favoured. It is recommended that a vitiligo symptom totality or symptom syndrome adhering to the homoeopathic individualistic approach may be formed to acquire a most common set of homoeopathic remedies effective in the disease and obtain better results.

Drugs such as *Calcarea carbonica*, *Arsenicum album*, *Sulphur*, *Phosphorus*, *Natrum muriaticum*, *Thuja*, *Lycopodium*, *Mercurius solubilis* and *Arsenicum sulphuratum flavum* were most frequently prescribed which are identified as constitutional medicine with the exception of Ars. Sulph

flavum. Nosodes are also reported to be prescribed in static cases as an intercurrent remedy and keeping in view the frequent remissions and relapses which can pose as an obstacle to cure of patients as advocated by Dr Hahnemann (Aphorism 3 and 252 in Organon of Medicine). In this review, *Tuberculinum* and *Syphilinum* were found useful. Studies with specific medicines or constitutional medicines further validating their symptoms syndrome can be conducted in future to identify definite treatment strategy for vitiligo patients.

The investigators had not used or applied any validated scales for the assessment of the disease. It is recommended to develop study protocols for vitiligo incorporating the usage of validated scales. Vitiligo itself is a big social stigma for the patient, so assessment of quality of life must be an important part of the treatment including psychological support. The studies reported in the review used photographs of the patients for assessment which alone limits the possibility to draw firm conclusions on the effectiveness of Homeopathy in vitiligo.

Table 1: Studies included in the review

Author's name	Study design	Number of participants	Intervention	Type of Homoeopathy	Assessment/ outcome parameters	Summary of results	Medicine used and potency	Evidence Grade
Chakraborty <i>et al.</i> ^[14]	Multicentric observational clinical study	432	Homoeopathic medicines, based on the totality of symptoms and repertorisation were given	Constitutional	The changes in the mean VSS developed by CCRH and photographs of patients at intervals of every 6 months	432 patients were included; 169 patients completed 2 years treatment and follow-up and were analyzed. Homoeopathic treatment was found to be useful in relieving vitiligo in varying degrees in 126 patients; 4 (2.94%) cases with marked, 15 (11.03%) moderate and 77 (56.62%) mild improvement. 30 patients did not improve significantly (below 25%)	Ten homoeopathic medicines were found useful in the study. Mostly indicated: <i>Sulphur</i> (n=27), <i>Arsenicum album</i> (n=19), <i>Phosphorus</i> (n=19), and <i>Lycopodium clavatum</i> (n=10) Each patient was administered a single dose of the indicated medicine in 30 C potency. Assessment of improvement was done after all the potencies (30, 200, and 1 M) of the selected remedy had been used	Evidence Grade B
Ganguly <i>et al.</i> ^[15]	Prospective open-label clinical pilot study	30	Homoeopathic medicine	Constitutional	VASI score, VETF score, and DLQI score, which are validated outcome measures evaluating the area, intensity, spread of depigmentation of vitiligo lesions and QoL		The homoeopathic medicines most frequently prescribed were sulphur (18.1%), <i>Thuja occidentalis</i> (14.5%), <i>Calcarea carbonica</i> (13.3%), <i>Natrum muriaticum</i> (8.4%),	Evidence Grade B

Contd...

Table 1: Contd...

Author's name	Study design	Number of patients	Intervention	Type of Homoeopathy	Assessment/ outcome parameters	Summary of results	Medicine used and potency	Evidence Grade
Bhabes ^[16]	Observational clinical study	102	Homoeopathic medicine	Constitutional	Improvement index depends on the improvement of the white/depigmented spots related to its reduction in size, colour of the patches by comparing the photographs preserved for treatment	(no depigmentation) to 100 (completely depigmented). Similarly, the VETF median score improved by 2 units ($P=0.0001$) from 1 (0, 1) to -1 (-1, 0) and the staging score changed from 1 (1, 2) to 1 (0, 1), $P=0.002$. The total DLQI median score exhibited significant reduction from 21 (17, 22) to 13.6 (10, 17), change 7.4 ($P=0.0001$), as also did its components 102 patients aged 25-55 yrs were enrolled. 10 patients showed marked, 15 moderate, 40 mild improvement and 20 remain static	<i>Nitricum acidum</i> and <i>Pulsatilla nigricans</i> (7.2%). The dilution most frequently used was 200 cH followed by 1000 cH Well indicated medicines: <i>Arsenicum sulphuratum flavum</i> 6, 30, 200; <i>Natrum muriaticum</i> 200, 1 M; <i>Sepia</i> 200, 1 M; <i>Thuja occidentalis</i> 200, 1 M; <i>Silicea</i> 200, 1 M; <i>Causticum</i> 200, 1 M, <i>Mercurius solubilis</i> 200, 1 M; sulphur 30, 200, 1 M; <i>lycopodium clavatum</i> 200, 1 M; <i>natrum sulphuricum</i> 200, 1 M Most of the selected cases the medicines are used in higher potency, like 200, 1 M and 10 M and only a few cases lower potencies are used	Evidence Grade B

Contd...

Table 1: Contd...

Author's name	Study design	Number of patients	Intervention	Type of Homoeopathy	Assessment/ outcome parameters	Summary of results	Medicine used and potency	Evidence Grade
Prasad <i>et al.</i> ^[17]	Observational clinical study	282	Homoeopathic medicine	Constitutional; experimental drug - <i>Arsenicum sulphuratum flavum</i> has been used in those patients where there were no indications for other medicines	Parameters followed for assessment of intensity of disease - mild: White patches confined to one part of the body, moderate: White patches confined to 2-3 parts of the body, severe: White patches extended to different parts of the body	282 patients were enrolled, 207 patients were followed up regularly. One patient was cured completely, 25, 52, 104 patients, had marked, moderate and mild improvement respectively. No improvement was observed in 25 patients. <i>Ars. Sulph. Flav.</i> was found to be effective in 69% patients. In 59 patients other medicines apart from <i>Ars. sulph. flav.</i> were used as per their indications. The other medicines which have shown positive results in the study are: <i>Ars. Alb. (n = 9)</i> and <i>Nitric acid (n = 13)</i>	<i>Arsenicum sulphuratum flavum</i> was found to be effective in 69% patients. The other medicines which have shown positive results in the study are: <i>Arsenicum album (n=9)</i> and <i>Nitric acid (n=13)</i> Indicated homoeopathic medicines in 3x, 6x, 30 C, 200 C and 1 M potencies were found to be effective	Evidence Grade B
Jha and Debata ^[18]	Case report	1	Homoeopathic medicine based upon the totality of symptoms	Constitutional	Photographs of the patients during entry, during and after treatment	<i>Merc sol 30</i> was given and patient was followed up 04 months with no significant changes. The patient reported after one year and <i>Sulphur 30C/1dose</i> was prescribed. The patient improved markedly with very few repetitions (2 doses). The depigmented spots on his face completely disappeared and re-pigmentation appeared on the neck	<i>Sulphur 30 C</i>	Evidence Grade C

Contd...

Table 1: Contd...

Author's name	Study design	Number of patients	Intervention	Type of Homoeopathy	Assessment/ outcome parameters	Summary of results	Medicine used and potency	Evidence Grade
Sadarla ^[19]	Case report	1	Homoeopathic medicine	Constitutional	Vitiligo symptom scale (developed by CCRH) along with the photographs of patient at fixed intervals	<i>Phosphorus</i> 30C, single dose was prescribed followed by placebo. The second dose of <i>Phosphorus</i> 30C, single dose was administered after a gap of 3 months, when the improvement became stand still. Thereafter, the patient was on placebo with continuous and steady improvement	<i>Phosphorus</i> 30 C	Evidence Grade C
Behera ^[20]	Case report	1	Homoeopathic medicine	Constitutional	Depigmentation, general condition	The patient had psoric and syphilitic manifestations, and considering his physical make-up, tendency to catch cold, rapid emaciation and narrow chest, <i>Tuberculinum</i> 200 single dose was prescribed initially to clear the miasmatic block but not much change was seen. Later, on reportorial totality, <i>Calcarea carbonicum</i> LM potencies 0/1-0/3 were prescribed and the case responded favourably with permanent disappearances of most patches and restoration of normal skin colour	<i>Calcarea carbonica</i> 0/1-0/3	Evidence Grade C

VSS: Vitiligo symptom score; CCRH: Central Council for Research in Homoeopathy; VASI: Vitiligo Area Scoring Index; VETF: Vitiligo European Task Force; DLQI: Dermatological Life Quality Index; QoL: Quality of life; OPD: Out patient department

Only observational studies were carried out reporting positive extrapolations of homoeopathic treatment, but due to lack of a control group, it is difficult to assess the extent of response to Homoeopathy. Keeping this in view, future studies may be designed to investigate the true extent of placebo or context effects in homoeopathic treatment. Further, more vigorous research designs including pragmatic methodology and RCTs are required for scientific validation of results.

In most of the studies, reviewed patients were followed up for 2–3 years or less which is a small period for the assessment of treatment outcomes as vitiligo is a chronic slow-progressing disease, and rate of its progression varies over the years. However, it has been identified that the patients usually tend to drop out after a period of 1 year. The treatment strategy may be focussed on retaining the patient for a longer follow-up period for a reduction in the relapse rate of disease. Studies identifying treatment approaches and use of the future studies on vitiligo can be designed by overcoming these flaws.

In study by CCRH,^[14] it was seen that a considerable number of patients dropped out after some months of continuing treatment. This could be due to the fact that it was proposed to give treatment for 2 years and the disease has an unpredictable course. In the majority of patients, even though no complete repigmentation was seen, the progression was checked, which could have given better results after a longer follow-up.

The sample size or the number of patients participating in the studies reviewed is highly varied for getting a desired statistical outcome. Further research having optimal sample size identified on the basis of already existing studies can be designed to assess the efficacy of homoeopathic medicines in vitiligo. Effect sizes can be used to determine the sample size for follow-up studies or examining effects across studies, which again depends on the research question and the experimental design.^[25]

The review illustrates the usefulness of Homoeopathy in treatment of vitiligo, but the role of homoeopathic treatment must be explored further on studies focussing on the efficacy of treatment based on specific outcome parameters.

CONCLUSION

Although not associated with any physical discomfort vitiligo causes considerable psychological morbidity. Studies identify a positive role of Homoeopathy in vitiligo where varying degrees of repigmentation is reported.

The treatment, however, is prolonged and needs to be based on homoeopathic principles of totality and constitutional treatment. A larger number of studies on strong evidence-based parameters, with rigorous study designs including RCTs with validated scales, are essentially required to be conducted to develop evidence base of Homoeopathy for vitiligo treatment.

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Conflicts of interest

None declared.

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विटिलिगो में होम्योपैथिक अनुसंधान: वर्तमान परिदृश्य

सार

उद्देश्य: अध्ययन का उद्देश्य विटिलिगो पर किए गए होम्योपैथिक शोध पर मौजूदा साहित्य की समीक्षा करना था।

सामग्री और विधि: अंतर्राष्ट्रीय रिसर्च डेटाबेस और केंद्रीय होम्योपैथी अनुसंधान परिषद् के पुस्तकालय में वर्ष 2006 से 2016 की अवधि में प्रकाशित प्रकाशनों की पहचान हेतु, होम्योपैथी के माध्यम से विटिलिगो पर अनुसंधान अध्ययनों की एक ऑनलाइन और मैन्युअल खोज (सर्च) का आयोजन किया गया। प्रासांगिक अनुसंधान को अध्ययन के प्रकार से वर्गीकृत किया गया और उनके नैदानिक परिणामों के साथ अध्ययन डिजाइन के अनुसार मूल्यांकन किया गया।

परिणाम: इस समीक्षा में, विटिलिगो पर होम्योपैथी से संबंधित 11 लेखों की पहचान की गई, जिनमें से तीन नैदानिक निरीक्षण अध्ययन और तीन केस रिकार्ड का मूल्यांकन किया गया।

निष्कर्ष: जहाँ पुनर्रजकता सूचित की गई, वहाँ विटिलिगो पर किये गये अध्ययनों ने होम्योपैथी की सकारात्मक भूमिका को पहचाना। हालांकि उपचार दीर्घकालीन है और होम्योपैथी के समग्रता और शारीरिक उपचार के सिद्धांत पर आधारित है और मान्य तुलना साधनों के साथ बड़ी संख्या में ठोस प्रमाण आधारित मापदंड होम्योपैथी की उपयोगिता को प्रलेखित करने के लिए आवश्यक है।

Homöopathische Forschung bei Vitiligo: Aktueller Stand

Ziel: Das Ziel der Studie war eine Überprüfung der vorhandenen Literatur zu homöopathischer Forschung bei Vitiligo.

Materialien und Methoden: Eine umfassende literarische und Online-Recherche über homöopathische Studien zu Vitiligo wurde durchgeführt. Publikationen internationaler Datenbanken und der Bibliothek des "Central Council for Research in Homeopathy", im Zeitraum von 2006 bis 2016 veröffentlicht, wurden berücksichtigt. Relevante Forschungsergebnisse wurden nach Studientyp kategorisiert und entsprechend zum Studiendesign mit den klinischen Ergebnissen in Korrelation gebracht.

Ergebnisse: In dieser Übersicht wurden elf Artikel zur homöopathischen Behandlung bei Vitiligo bestimmt, von denen drei als klinische Beobachtungsstudien und drei als Fallberichte ausgewertet wurden.

Fazit: Die Studien zeigen eine positive Auswirkung der Homöopathie bei Vitiligo, wobei von Repigmentierung berichtet wurde. Die Behandlung ist jedoch langwierig und muss auf homöopathischen Prinzipien, der Symptomentotalität und der konstitutionellen Behandlung basieren. Darüber hinaus ist eine größere Anzahl von Studien zu überzeugenden, evidenzbasierten Parametern einschließlich validierter Skalen notwendig, um den Nutzen der Homöopathie zu dokumentieren.

Investigación homeopática en el vitiligo: Escenario actual .

Resumen

Objetivos: El propósito del estudio fue realizar una revisión de la bibliografía existente sobre la investigación homeopática en el vitiligo.

Materiales y métodos: Se efectuó una búsqueda exhaustiva online y manual de los estudios de investigación sobre vitiligo en homeopatía para identificar los trabajos en las bases de datos internacionales y en la biblioteca del CCRH (*Central Council for Research in Homoeopathy*) publicados en el periodo de 2006 a 2016. Las investigaciones relevantes se clasificaron por tipo de estudio y se evaluaron conforme al diseño de estudio con sus resultados clínicos.

Resultados: En esta revisión, se identificaron 11 artículos relacionados con la homeopatía en el vitiligo. de estos artículos, se evaluaron tres estudios clínicos observaciones y tres informes de casos clínicos.

Conclusiones: Los estudios mostraron que la homeopatía desempeña un papel positivo en el vitiligo, documentándose una repigmentación. Sin embargo, el tratamiento es prolongado y ha de basarse en los principios homeopáticos de la totalidad y en un tratamiento constitucional. Además, es esencial disponer de un mayor número de estudios con parámetros convincentes basados en evidencia (incl. las escalas validadas) que documenten la utilidad de la homeopatía.

Recherche homéopathique sur le vitiligo: Situation actuelle

Résumé

Objectif: L'étude avait comme objectif de passer en revue la documentation existante sur la recherche homéopathique menée sur le vitiligo.

Matériels et méthodes: Une recherche exhaustive manuelle et en ligne a été effectuée pour trouver les études de recherche sur le traitement du vitiligo par l'homéopathie afin d'identifier dans les bases de données de recherche internationale ainsi que dans la bibliothèque du Conseil central pour la Recherche en Homéopathie, les publications parues entre 2006 et 2016. Les recherches pertinentes ont été classées par type d'étude et évaluées selon la conception des études et leurs résultats cliniques.

Résultats: Lors de cet examen, 11 articles portant sur les effets de l'homéopathie sur le vitiligo ont été identifiés parmi lesquels trois études d'observation cliniques et trois dossiers médicaux ont été évalués. Conclusion : Les études ont montré un rôle positif de l'homéopathie dans le traitement des cas de vitiligo où on a pu voir une repigmentation. Il s'agit, cependant, d'un traitement prolongé qui doit se fonder sur les principes homéopathiques de totalité et de remèdes constitutionnels. Il est, en outre essentiel qu'un plus grand nombre d'études sur des paramètres convaincants fondés sur des faits, y compris des échelles validées, soit étudié pour prouver l'utilité de l'homéopathie.

白斑的順勢療法研究：目前情況。印度順勢療法研究雜誌。

摘要

目的：本研究的目的是對現有關於白斑的順勢療法研究文獻進行回顧。材料及方法：使用完整的線上和手動搜尋，找出於 2006~2016 期間在國際搜索數據庫和中央委員會圖書館出版，有關白斑的順勢療法研究報告。相關研究以研究類型分類，根據研究設計與臨床結果來評估。結果：在這篇評論中，確定了11份白斑的順勢療法文獻，其中評估了三份臨床觀察性研究和三個個案記錄。結論：研究指出順勢療法在治療白斑上有正面效果，曾報告有色素重生。然而，這是持續很久的治療，需要根據順勢療法整體和體質性治療的定律。此外，需要更大量研究，要包含具說服力循證參數，包括有效性已被確認的量分表，這是要確立順勢療法有效文件的基本要求。