Review Article

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] 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 affected 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...
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, [6] 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 i/o, Piebaldism, Pityriasis alba, Pityriasis versicolor, Post-infl ammatory 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, Sambulus 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, [21] 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.
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]

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]

A constitutional mode of homeopathic 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 homeopathic medicines were also prescribed after detailed case taking as per homeopathic 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 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]

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 homeopathic medicine in the repigmentation of the patches and the secondary outcome measure was to identify a group of homeopathic medicines in the management of the vitiligo.

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

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

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]

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 homeopathic individualistic approach may be formed to acquire a most common set of homeopathic 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

<table>
<thead>
<tr>
<th>Author’s name</th>
<th>Study design</th>
<th>Number of participants</th>
<th>Intervention Type of Homoeopathy</th>
<th>Assessment/ outcome parameters</th>
<th>Summary of results</th>
<th>Medicine used and potency</th>
<th>Evidence Grade</th>
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<tr>
<td>Chakraborty <em>et al.</em>[14]</td>
<td>Multicentric observational clinical study</td>
<td>432</td>
<td>Homoeopathic medicines, based on the totality of symptoms and repertorisation were given</td>
<td>The changes in the mean VSS developed by CCRH and photographs of patients at intervals of every 6 months</td>
<td>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%)</td>
<td>Ten homoeopathic medicines were found useful in the study. Mostly indicated: <em>Sulphur</em> (<em>n</em>=27), <em>Arsenicum album</em> (<em>n</em>=19), <em>Phosphorus</em> (<em>n</em>=19), and <em>Lycopodium clavatum</em> (<em>n</em>=10)</td>
<td>Evidence Grade B</td>
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<tr>
<td>Ganguly <em>et al.</em>[15]</td>
<td>Prospective open-label clinical pilot study</td>
<td>30</td>
<td>Homoeopathic medicine</td>
<td>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</td>
<td>The homoeopathic medicines most frequently prescribed were sulphur (18.1%), <em>Thuja occidentalis</em> (14.5%), <em>Calcarea carbonica</em> (13.3%), <em>Natrum muriaticum</em> (8.4%),...</td>
<td>Evidence Grade B</td>
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<tr>
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<tr>
<td>Bhabes[16]</td>
<td>Observational clinical study</td>
<td>102</td>
<td>Homoeopathic medicine</td>
<td>Constitutional</td>
<td>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</td>
<td>102 patients aged 25-55 yrs were enrolled. 10 patients showed marked, 15 moderate, 40 mild improvement and 20 remain static</td>
<td>Nitricum acidum and Pulsatilla nigricans (7.2%). The dilution most frequently used was 200 cH followed by 1000 cH</td>
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<tr>
<td>Prasad <em>et al.</em>[17]</td>
<td>Observational clinical study</td>
<td>282</td>
<td>Homoeopathic medicine Constitutional; experimental drug - <em>Arsenicum sulphuratum flavum</em> has been used in those patients where there were no indications for other medicines</td>
<td>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</td>
<td>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. <em>Ars. Sulph. Flav.</em> was found to be effective in 69% patients. The other medicines which have shown positive results in the study are: <em>Arsenicum album</em> (*n=*9) and <em>Nitric acid</em> (*n=*13) Indicated homeopathic medicines in 3×, 6×, 30 C, 200 C and 1 M potencies were found to be effective</td>
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<td>Evidence Grade B</td>
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<tr>
<td>Jha and Debata[18]</td>
<td>Case report</td>
<td>1</td>
<td>Homoeopathic medicine Constitutional medicine based upon the totality of symptoms</td>
<td>Photographs of the patients during entry, during and after treatment</td>
<td><em>Merc sol 30</em> was given and patient was followed up 04 months with no significant changes. The patient reported after one year and <em>Sulphur 30C</em>/dose 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</td>
<td><em>Sulphur 30 C</em></td>
<td>Evidence Grade C</td>
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<tr>
<td>Sadarla[19]</td>
<td>Case report</td>
<td>1</td>
<td>Homoeopathic medicine</td>
<td>Constitutional</td>
<td>Vitiligo symptom scale (developed by CCRH) along with the photographs of patient at fixed intervals</td>
<td>Phosphorus 30C, single dose was prescribed followed by placebo. The second dose of Phosphorus 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</td>
<td>Phosphorus 30C</td>
<td>Evidence Grade C</td>
</tr>
<tr>
<td>Behera[20]</td>
<td>Case report</td>
<td>1</td>
<td>Homoeopathic medicine</td>
<td>Constitutional</td>
<td>Depigmentation, general condition</td>
<td>The patient had psoric and syphilitic manifestations, and considering his physical make-up, tendency to catch cold, rapid emaciation and narrow chest, <em>Tuberculinum</em> 200 single dose was prescribed initially to clear the miasmatic block but not much change was seen. Later, on reportorial totality, <em>Calcarea carbonica</em> 0/1-0/3 were prescribed and the case responded favourably with permanent disappearances of most patches and restoration of normal skin colour</td>
<td><em>Calcarea carbonica</em> 0/1-0/3</td>
<td>Evidence Grade C</td>
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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 homeopathic 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 homeopathic 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 homeopathic 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 homeopathic 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 homeopathic 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.

**Financial support and sponsorship**

Nil.

**Conflicts of interest**

None declared.

**REFERENCES**

21. Thompson EA, Mathie RT, Baitson ES, Barron SJ, Berkovitz SR.
Homöopathische Forschung bei Vitiligo: Aktueller Stand

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


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.


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.
Dewan, et al.: Vitiligo current scenario

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 évaluées. 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。