

IMMUNOMODULATORY HOMOEOPATHIC THERAPY IN THE CLINICAL MANAGEMENT OF VITILIGO: A 28-YEAR OBSERVATIONAL STUDY FROM RURAL MAHARASHTRA, INDIA

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ABSTRACT

Background: Vitiligo is a chronic autoimmune depigmentary disorder affecting 0.2–2% of the global population. Standard therapies such as corticosteroids and phototherapy offer variable outcomes and high recurrence. Homoeopathic immunomodulation has shown potential in restoring melanocyte activity but remains underreported in long-term clinical datasets. **Objective:** To evaluate the efficacy of individualised homoeopathic immunomodulatory therapy in repigmentation, disease stabilisation, and relapse prevention in Vitiligo patients over a 28-year period. **Methods:** An observational study (1997–2025) was conducted at Anand Hospital & Research Centre, Maharashtra. A total of 7,000+ patients were evaluated through detailed constitutional case-taking, individualised remedy selection, and periodic photographic documentation. Exclusion criteria included chemical leukoderma, albinism, and congenital pigment disorders.

Results:

- Repigmentation (partial to complete): **90%**
- Arrest of new patches: **91%**
- Recurrence after completion of treatment: **<3%**
- Visible repigmentation onset: **3–6 months**
- Adverse effects: **0%**

Repigmentation typically began peri-follicularly, suggesting reactivation of melanocytes. Improvement patterns aligned with immunomodulatory correction rather than symptomatic suppression. **Conclusion:** Long-term evidence suggests that individualised homoeopathic therapy may modulate autoimmunity, normalise melanocyte function, and induce sustained repigmentation without the need for steroids or UV therapy. This low-cost and non-toxic model is highly suitable for rural and socio-economically challenged populations.

KEYWORDS: Vitiligo, Immunomodulation, Homoeopathy, Melanocyte regeneration, Rural Maharashtra, Autoimmune disorders.

1. INTRODUCTION

Vitiligo is an acquired disorder marked by the selective destruction of melanocytes, producing depigmented macules with profound psychosocial impact. Global prevalence ranges from 0.2% to 1.8%, with a higher incidence in South Asia. Conventional treatments—topical steroids, tacrolimus, NB-UVB, PUVA—offer limited long-term success and significant relapse.

Increasing literature identifies Vitiligo as an autoimmune condition involving:

- Cytotoxic T-cell aggression
- Oxidative stress
- Genetic variants including **NLRP1, PTPN22, TYR**
- Neuroendocrine dysregulation

Homoeopathy, based on individualised constitutional treatment, proposes immune modulation rather than pharmacological suppression. Dr Sonawane's 28-year clinical experience suggests consistent repigmentation and disease stabilisation through homoeopathic immunoregulation.

This manuscript presents one of India's largest single-centre Vitiligo datasets.

2. OBJECTIVES

Primary Objective

To clinically evaluate the effectiveness of individualised homoeopathic immunomodulatory therapy in Vitiligo.

Secondary Objectives

1. To document pigment restoration patterns.
2. To assess cessation of new patch development.

3. To evaluate long-term relapse rates.
4. To provide a rural-friendly, affordable, non-invasive treatment model.

3. MATERIALS AND METHODS

3.1 Study Design

Long-term prospective and retrospective observational study.

3.2 Study Duration

1997–2025 (28 years)

3.3 Setting

Anand Hospital & Research Centre, Ghodegaon, Taluka Newasa, Dist. Ahilyanagar, Maharashtra.

3.4 Population

7,000+ Vitiligo patients (children to adults; rural + urban).

3.5 Procedure

- Comprehensive case-taking including genetic, mental, physical and environmental factors
- Miasmatic evaluation
- Individualised remedy selection
- Follow up every 30–45 days
- Photographic comparison of improvements
- Treatment duration: 6 months to 5 years, depending on disease extent

3.6 Exclusion Criteria

- Chemical leukoderma
- Albinism
- Congenital pigmentary anomalies

4. RESULTS

4.1 Quantitative Findings

Clinical repigmentation	90%
Arrest of new lesions	91%
Recurrence post-therapy	<3%
Adverse effects	0%
Time to visible repigmentation	3–6 months

4.2 Qualitative Observations

- Perifollicular pigment islands indicate melanocyte reactivation.

- High response observed on the face and trunk.
- Generalised vitiligo required extended therapy (3–5 years).
- Strong correlation between emotional stabilisation and pigment recovery.

4.3 Case Illustrations (from uploaded PDF)

- ✓ 14-year-old girl with generalised Vitiligo since age 2
 - ✓ 38-year-old woman socially isolated due to facial vitiligo
 - ✓ Multiple cases resistant to dermatological therapy but responding to homoeopathy
- (Full cases documented in original PDF _Homoeopathic_Therapy_in...)

5. DISCUSSION

The clinical outcomes suggest robust immunomodulation rather than symptomatic relief.
Proposed mechanisms:

1. **Th1/Th2 Immune Balance:** Reduction of melanocyte-directed autoimmunity.
2. **Melanocyte Stimulation:** Enhanced tyrosinase activity and melanin synthesis.
3. **Oxidative Stress Reduction:** Improved cellular antioxidant response.
4. **Neuroendocrine Stabilisation:** Reduced stress-related inflammatory triggers.
5. **Holistic Regulation:** Addressing genetic, emotional, and environmental triggers.

The minimal recurrence rate (<3%) supports the hypothesis of durable immune correction.

Social Impact

In rural India, Vitiligo carries stigma associated with “curse” or “past-life sins.” Many patients face marriage rejection, isolation, and depression. Counselling integrated with therapy significantly improved psychosocial health.

6. Global Recognition of Research Work

The research and clinical contributions of Dr Sonawane have been recognised by:

- **World Book of Records**
- **London Book of Records**
- **Indian Book of Records**
- **American Merit Council Excellence Award**

His allied research on **Chikungunya immunomodulation**, published internationally, further supports homoeopathic neuroimmune modulation.

7. Rapid Immunomodulatory Response in Chikungunya

Clinical observations indicate rapid symptomatic relief within minutes in some cases, possibly related to:

- Cytokine modulation
- Endorphin release
- Neuroimmune signalling

This phenomenon warrants controlled studies.

8. CONCLUSION

This 28-year observational study demonstrates that homoeopathic immunomodulatory therapy:

- ✓ Restores pigment naturally
- ✓ Halts melanocyte destruction
- ✓ Prevents relapse
- ✓ Is safe, non-invasive, and affordable
- ✓ Is ideal for rural healthcare models

Homoeopathy, when applied constitutionally and scientifically, may offer a sustainable model for managing autoimmune disorders like Vitiligo.

9. REFERENCES

1. Taïeb A, Picardo M. Vitiligo. *New England Journal of Medicine*. 2009.
2. Boericke W. *Materia Medica of Homoeopathic Remedies*.
3. Kent JT. *Lectures on Homoeopathic Philosophy*.
4. Sonawane SD. Clinical Observation in Chikungunya. *IMJ*, 2025.
5. WHO. Global Vitiligo Prevalence Report, 2021.
6. Clinical Case Records, Anand Hospital (1996–2024).