VITILIGO REPIGMENTATION – THROUGH UNANI MEDICINE, SCOPE OF AN INTEGRATED APPROACH

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Vitiligo a dermatological, cosmetic, social and not always a genetic problem is affecting 0.5-1% of the World Population¹. 10,475 self reporting clinically diagnosed Vitiligo patients were compared in a double blind parallel group study. They were treated and evaluated once in three months for 18 months in relation to their mode and rate of regimentation as follicular and peri-lesional in relation to the site and extension of lesions. The response was assessed for different ages, duration of disease, clinical involvement (Types of Vitiligo) as non-dermatomal, dermatomal, mucosal, acrofacialis, focal and mixed Vitiligo. ⁴ 4775 patients were treated with UNIM 001 + 003(A) & 5700 patients treated with UNIM 004+ 005(B) (coded) drugs for both systemic and topical use. Both the formulations were effective in regimenting the depigmented macules. However, non-dermatomal Vitiligo showed mean 67.38 ± 16.18 and dermatomal Vitiligo recorded 59.16 ± 19.21 mean percent repigmentation with UNIM 004+005(coded), had significantly responded than other types of vitiligo p<0.001 and mucosal Vitiligo regained 39.05±14.89 repigmentation p<0.05 with UNIM 001+003(coded).The formulations were equally effective in both extensive and non-extensive depigmented macules. However, lesions on scalp, face, limbs and trunk have responded significantly than other sites p<0.05. The non-repigmented macular surface needs surgical intervention once the disease becomes stable. The scope of the surgical intervention in vitiligo management as an integrated approach will be discussed at length.

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