

Homoeopathic Management of Childhood Vitiligo: A Case Report

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ABSTRACT

Vitiligo is an acquired, often familial depigmentary disorder of skin and hair. Childhood vitiligo refers to the onset of vitiligo before the age of 18. A male child of 9yrs old presented as discrete whitish patches on the right side of the face and later spread to include a spot on the chest. The condition also affected the hair, causing whitening of the scalp hair, right lateral eyebrows, and right lower eyelashes. The onset of symptoms started when the child was only 6 months old. The family history of leukoderma (another term for vitiligo) on both the paternal and maternal sides suggests a genetic predisposition. The child has specific personality traits, such as being sociable, having a preference for sweets and cold drinks, being sensitive to cold, and having fears of being alone and thunderstorms. These characteristics were used for the individualization of the homeopathic remedy, Phosphorus, which was prescribed. An intercurrent remedy Syphilinum 1M was given every 3 months of treatment. Over six months of treatment with Phosphorus in 50 millesimal potency, there were observable improvements in the condition, as documented by photos taken during the visits. This case highlights the importance of individualized treatment in homeopathy, taking into account both the physical symptoms and the child's personality traits.

Keywords: Childhood vitiligo, leukoderma, Phosphorous, 50millesimal, Syphilinum

INTRODUCTION

Vitiligo is an acquired pigmentary condition occurring irrespective of age, sex and race^[1] Vitiligo can appear at any stage of life, including in infancy and childhood. Childhood vitiligo is particularly noteworthy because it typically manifests before the age of 20, and in 25% of cases, it begins before the age of 10^[2]. In general, childhood vitiligo is different from adult vitiligo in the following ways: it is more common in women, it is more segmental in appearance, and it is less likely to be associated with other autoimmune or endocrine disorders^[3]

Classification and clinical presentation

Childhood vitiligo has been divided into "segmental" and "non-segmental" types in the majority of epidemiological research. Depigmented macules and patches that follow a dermatomal or quasi-dermatomal pattern without going through the midline are indicative of segmental vitiligo (SV)^[4] Skin in non-segmental vitiligo (NSV) can be localised (focal, mucosal, acrofacial, acral) or generalised (vitiligo vulgaris, universal vitiligo). While universal vitiligo refers to nearly complete skin depigmentation, vitiligo vulgaris suggests widely dispersed depigmented lesions.^[2] One or a small number of depigmented

lesions that are restricted to a single body part and do not correlate to a dermatome are known as focal vitiligo. Acral vitiligo solely affects the distal extremities ; when combined with a facial lesion, it is acrofacial in nature, and mucosal vitiligo includes one or multiple mucosae. Most frequently linked to vitiligo vulgaris, leukotrichia is a prevalent manifestation of vitiligo, with prevalence rates ranging from 3.7% to 32.5%, according to various studies^[5]

Numerous autoimmune diseases, the most prevalent of which is autoimmune thyroiditis, have also been linked to childhood vitiligo. ^[6] Other documented autoimmune conditions include Addison's disease, alopecia areata, atopic illnesses, halo nevi, coeliac disease, and type 1 diabetes. ^[7]

The disease can be easily differentiated from achromic nevus (congenital lesion with irregular nonhyperpigmented borders), albinism or piebaldism (The lesions are present at birth and in piebaldism are usually confined to the head and upper trunk), morphea or lichen sclerosus (abnormal skin texture), and post infectious/post inflammatory hypopigmentation (e.g., tinea versicolor, varicella, pityriasis alba) where the lesions are hypopigmented rather than depigmented. It must be noted that examination under Wood's light is helpful in discriminating between partial versus complete depigmentation^[8] Although difficult, full repigmentation in vitiligo is not unusual. accessible therapeutic options, such as topical therapy, systemic drugs, phototherapy, surgery, etc. In order to improve the child's psychological health as well as their physical look, a comprehensive strategy is needed.^[9]

CASE PRESENTATION

A 9yrs old male presented with discrete white patches on the right side of the face and later spread to include a macule on the chest. The condition also affected the hair causing whitening of the scalp hair, right lateral eyebrows and right lower eyelashes. No itching , no color change or no discharge from the lesion.

History of Presenting complaints:

The onset of the symptoms start when the child was only 6 months old. Initially it started over right cheek and later spread to forehead and then to the right side of the scalp . After 2 years localized whitening of hair begins to appear in right eyebrows ,right lower eyelashes. They used an External Allopathic ointment and the patches begin to fade slightly and continued the ointment for about 7 years and there is no other spread in these times. And after about one year premature graying of hair started on the back side of the hair (strand wise) .And now for about an month there appears a small white spot in the chest region 2cm lower to the right clavicle. They withdraw the external application and started to take Homoeopathic medicine.

Past history:-nil

Family history:-Paternal Grand father and Maternal grand mother had history of Leukoderma.

Vital signs :-Pulse : 80/minute; Temp:99.F;RR:22/min

Local Examination:Whitish discoloration over right side cheek as discrete one each measuring of about 3*4cm. Whitening of hair in scalp,lateral side if right eyebrow and right lateral lower eyelash.No itching,no redness , no discharge and no color change in these lesions.

Homoeopathic generals

Mental generals

The child is quite sensitive, so when his peers constantly make fun of his white spots, it makes him upset.The child has an easygoing and helpful attitude, yet he shuts his ears and lies down under the bed during thunderstorms.

Physical generals

The child is sensitive to cold but has a preference for sweets and cold beverages.

THERAPEUTIC INTERVENTION

The approach to the case was constitutional by which Phosphorous 0/1 was the indicated remedy and increased the potency upto 0/7 within about an year based on Homoeopathic principles . An intercurrent remedy Syphilinum 1M was given every 3 months of treatment.

Follow up assessment

The patient was followed up with once a month. All clinical presentation changes were recorded during the follow-up, and Homoeopathic medicine remained unaltered; however, the potency was increased in accordance with Homoeopathic principles. After a month, the skin lesion on the chest first starts to go away, and then the scalp hair strands start to become black. Lastly after about 7 months the lesion on the face , mainly the right cheeks began to fade. The case timeline including the 1 st visit and subsequent follow-up with prescription presented in Table NO.1

TABLE NO 1 - FOLLOW UP

DATE	SYMPTOMS	PRESCRIPTION
25-04-2023	Whitish discoloration on right cheek White spot on the chest Whitening of the hair on right lateral eyebrows, right lower eyelashes.	RX 1.PHOSPHOROUS 0/3 /10ML (1GLOBULE AQUA RL) 10gtt * BID
09-05-2023	White spot on the chest began to fade	RX 1..PHOSPHOROUS 0/4 /10ML (1GLOBULE AQUA RL) 10gtt * BID
01-07-2023	White spot on the chest disappeared . other lesions persist with no improvement	RX 1.PHOSPHOROUS 0/5 /10ML (1GLOBULE AQUA RL) 10gtt * BID 2.SYPHILINUM 1M/1DOSE
02-09-2023	Whitening of hair in scalp reduced	RX 1.PHOSPHOROUS 0/5 /10ML (1GL AQUA RL) 10gtt * BID
28-11-2023	Complaint remains the same .	RX 1.PHOSPHOROUS 0/6 /10ML (1GL AQUA RL) 10gtt * BID 2.SYPHILINUM 1M/1DOSE
03-01-2024	Whitening of hair in scalp reduced.Two strand of hair become black.Also whitening of hair in the right eye brow becomes darker.	RX 1.PHOSPHOROUS 0/6 /10ML (1GL AQUA RL) 10gtt * BID

03-02-2024	More strands of hair become black. Whitish discoloration on right cheek began to fade	RX 1. PHOSPHOROUS 0/6 /10ML (1GL AQUA RL) 10gtt * BID
06-03-2024	Complaint persist the same	RX 1. PHOSPHOROUS 0/6 /10ML (1GL AQUA RL) 10gtt * BID 2. SYPHILINUM 1M/1DOSE
13-04-2024	Whitish discoloration in the right cheeks began to fade, but perisist. White spot in the chest faded. Whitening of hair in scalp reduced Whitening of hair in right eyebrow becomes darker	RX 1. PHOSPHOROUS 0/6 /10ML (1GL AQUA RL) 10gtt * BID

IMAGES :-



PICTURE 1 & 2 - Before treatment (25/04/2023)



PICTURES 3 , 4 & 5 -after treatment (13/04/2024)

DISCUSSION

The case underwent extensive case taking and processing when it was reported in April 2023. Here, Syphilinum was selected to act as an intercurrent whenever the case reaches a stand still. Additionally, Syphilis is the fundamental miasm since it is hereditary, and Syphilinum is the only medicine for the SKIN-HAIR-Gray; becomes -early rubric that is used early in the synthesis repertory. The case also follows Hering's Law of Cure because it aids in assessing how a constitutional prescription affects the patient's vital force. Hering's Law of Cure is seen as significant to the homoeopathic philosophy. These symptoms ought to reflect healing patterns like "From the Head Down," "From the Inside Out," "From the most important organs to the least important organ," and "In the reverse order of symptoms that they first appeared," according to the Hering's Law principle^[10]. A macular area on the chest was the final symptom to occur in this case, and it went away after two months of treatment. White depigmented spots on the face were the first sign, which was followed by leucotrichia, or whitening of the scalp and eyebrows. After about six months of treatment, the hair begins to become black, and the cheek lesion eventually fades.

CONCLUSION

In children vitiligo can be particularly challenging, both physically and emotionally. Homoeopathy has a wide scope in this with the individualized approach as it helps in stimulating the melanocytes and boosts the production of the pigment melanin, thus restoring the normal skin colour.

Limitation of study

As it is a single-case report, case series can be recorded and published to establish the effectiveness of individualized Homoeopathic medicine in treating childhood vitiligo.

Declaration of patient consent:-

The authors certify that they have obtained all appropriate patient consent for treatment and publication of images without disclosing the identity of the patient.

Conflict of interest:-No Conflict of Interest.

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