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Homeopathy

INDIVIDUALIZED HOMOEOPATHIC MANAGEMENT OF LOCALIZED VITILIGO–A CASE REPORT

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ABSTRACT Vitiligo is a chronic pigmentory disorder characterized by the development of well-defined depigmented macules and patches due to the loss of functional melanocytes. Childhood vitiligo accounts for a significant proportion of cases and may have a considerable psychosocial impact because of its visible appearance. The disease usually follows a gradual course and requires long-term management and regular follow up. This case describes an 11year old child with depigmented patches over the left ankle and foot, first noticed during early childhood. The lesions began as a small hypopigmented area and gradually enlarged over several years without associated pain, itching,scaling, or discharge. There was no history of preceding trauma, burns, or significant systemic illness. Clinical examination revealed well-defined depigmented patches with irregular margins involving the medial aspect of the left ankle extending to the foot. The diagnosis of localized vitiligo was made based on clinical findings. A detailed clinical assessment, appropriate investigations and individualized homoeopathic case taking were undertaken to formulate the treatment plan. Regular follow-up was advised to assess disease progression and repigmentation while emphasizing patient recognition, individualized management and continuous monitoring in improving both clinical outcomes and quality of life in children with vitiligo.

KEYWORDS : Vitiligo, Depigmentation, Localized Vitiligo, Homoeopathy, Individualized Treatment, Melanocytes.

INTRODUCTION

Vitiligo is an acquired condition affecting 1% of the population worldwide. Focal loss of melanocytes results in the development of patches of hypopigmentation. Predisposing factors :Family history of vitiligo,Autoimmune diseases,Trauma and Sunburn.

Case Presentation

A 11year old child came with a complaint of gradually progressive depigmented patches over the left foot since early childhood(around 2-3years). The lesion initially appeared as a small white patch and slowly increased in size over the years. There was no history of itching, pain, burning sensation, scaling, discharge or preceding trauma. No similar lesions were present elsewhere on the body, and there was no significant family history of vitiligo or other autoimmune disorders. On local examination, A well-defined depigmented patch with irregular margins was observed over the medial aspect of the left ankle extending to the dorsum of foot. The lesion was non-tender, without scaling or erythema, and the skin texture was normal.

Clinical Examination

Inspection:

- Single patch
- Well defined depigmented patches with irregular margins
- Smooth, no scaling or crusting
- No redness and swelling

Palpation :

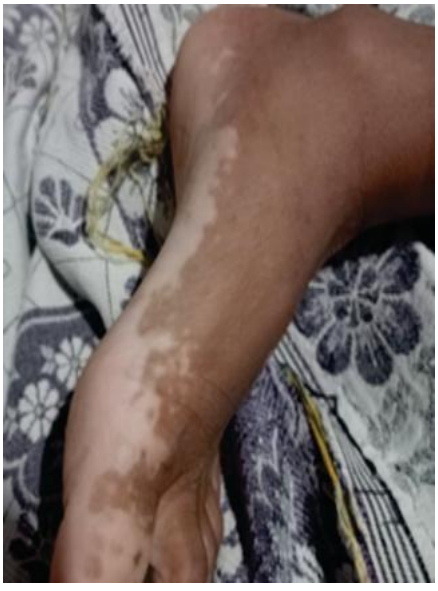
- No tenderness
- No warmthness

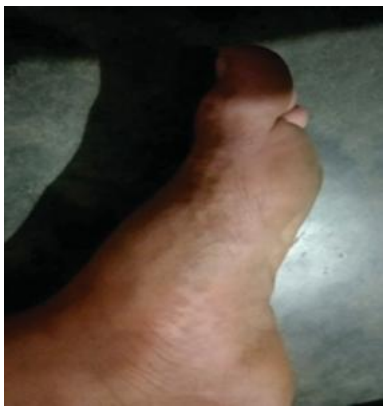
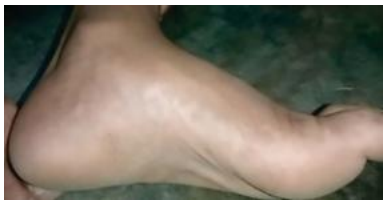
DIAGNOSIS : VITILIGO

Prescription :

ARSENICUM SULPHURATUM FLAVUM 200C was administered as a single dose once monthly, followed by Saccharum lactis (Sac. lac.) for the subsequent 28 days. On the 30th day of each month, an intercurrent dose of BACILLINUM 1M was prescribed before repeating the treatment cycle

Follow Ups :

12/12/2024	No new depigmented patches. Existing lesion remained unchanged in size. General health satisfactory.
18/01/2025	Lesion stable with no further progression. Faint perifollicular pigmentation appeared at the margins.
20/02/2025	Mild repigmentation observed from the margins towards the centre. No new lesions developed.
13/03/2025	Increase in perifollicular pigmentation. Slight reduction in lesion size. Child remained symptomatically well.
18/04/2025	Repigmentation became more evident. Margins appeared less distinct. No extension of depigmentation.
19/05/2025	Approximately 20–30% repigmentation noted. Patch size further reduced. No adverse effects reported.
20/06/2025	Progressive pigmentation with scattered islands of normal skin. Lesion remained stable.
22/07/2025	Around 40–50% repigmentation achieved. Healthy pigmentation spreading towards the centre.
15/08/2025	Marked reduction in depigmented area. Skin texture remained normal. No recurrence or new lesions.
20/09/2025	Nearly 60–70% repigmentation. Cosmetic appearance significantly improved.
14/10/2025	Continued gradual pigmentation with only small residual depigmented areas. Disease remained inactive.
16/11/2025	Approximately 80–85% repigmentation. Lesion considerably reduced in size with irregular islands of normal pigmentation.
18/12/2025	Residual faint hypopigmented patch only. No fresh lesions or relapse. Child and parents satisfied with improvement.
10/01/2026	Near-complete repigmentation (90–95%). Lesion almost indistinguishable from surrounding skin. No recurrence observed during follow-up.
12/12/2026	

15/08/2026	
10/01/2026	

DISCUSSIONS

In the present case, the patient had localized vitiligo confined to the left ankle and foot since early childhood, with gradual progression and no associated systemic illness or family history. As the case lacked marked mental and physical generals, constitutional prescribing was not appropriate. Therefore, Arsenicum Sulphuratum Flavum 200C was selected based on its pathological affinity for chronic depigmenting skin disorders, while Bacillinum 1M was administered as an intercurrent remedy to enhance the patient's susceptibility and support the action of the indicated medicine. The present case is comparable with the case reported by Parmar and Dwivedi (2026) in the International Journal of Homoeopathic Sciences, where Arsenicum Sulphuratum Flavum produced significant repigmentation in a patient with vitiligo over three months. In their report, the medicine was prescribed following constitutional and miasmatic evaluation, resulting in progressive perifollicular repigmentation and reduction in lesion size. Similarly, in the present case, Arsenicum Sulphuratum Flavum 200C, prescribed on pathological indications due to the absence of characteristic mental and physical generals, resulted in gradual repigmentation, reduction in lesion size, and no development of new lesions during follow-up. Although the basis of remedy selection differed, both cases demonstrated favorable clinical outcomes with Arsenicum Sulphuratum Flavum, supporting its therapeutic role in vitiligo when appropriately indicated.

CONCLUSIONS

This case demonstrates that individualized homoeopathic treatment with Arsenicum Sulphuratum Flavum, supported by an intercurrent prescription of Bacillinum, was associated with gradual repigmentation, reduction in lesion size, and prevention of new lesions in a child with localized vitiligo. Careful case assessment, appropriate remedy selection, and regular follow-up contributed to favorable clinical progress. While the findings are encouraging, larger controlled clinical studies are required to further evaluate the effectiveness of individualized homoeopathic treatment in the management of childhood localized vitiligo.

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