



Original Research Article

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PEDIATRIC VITILIGO TREATED EFFECTIVELY AT DR BATRA'S WITH GENTLE HOMEOPATHY

Dr Anupriya Jodun

BHMS, Chief Homeopathic Consultant, Agra Branch

Dr Batra's Positive Health Clinic Pvt. Ltd.

Email id dranupriya.jadon@drbatras.com

Mobile 9634586666

Abstract

Vitiligo is a chronic skin disorder characterized by depigmented patches due to the loss of melanocytes. It affects 0.5–2% of the global population, including children, and can cause emotional distress despite being non-contagious and asymptomatic ^(1,2). Conventional treatment often includes steroids or immunosuppressants, which may have side effects and are not always preferred for pediatric use ⁽³⁾.

Homeopathy offers a holistic, individualized, and safe approach, especially in children, aiming at long-term stabilization and correction of the underlying susceptibility without suppressive treatment ^(4,5).

This paper presents a case of a 2-year-old boy who developed a vitiligo patch on the lip following topical allopathic treatment. The parents initiated homeopathic treatment at Dr. Batra's. This case highlights the relevance of early intervention, detailed case-taking, and the importance of constitutional remedies in managing pediatric vitiligo.

Keywords:

Vitiligo, Dr Batra's, homeopathic treatment

Introduction

Vitiligo is an acquired skin condition characterized by the destruction of melanocytes, leading to well-demarcated depigmented patches on the skin and mucous membranes. It affects approximately 0.5–2% of the population worldwide ⁽¹⁾. Although not life-threatening, it significantly impacts a child's psychological well-being and social confidence, especially in visible areas such as the face and lips ⁽²⁾.

The exact cause remains unclear, but proposed mechanisms include autoimmune responses, genetic susceptibility, oxidative stress, and neural factors ⁽³⁾. The condition may be associated with other autoimmune disorders and often presents with a chronic, progressive course. Common signs include milky-white patches, often symmetrical, and sometimes with a history of triggering factors like trauma, inflammation, or chemical exposure ⁽⁴⁾.

Conventional treatments include corticosteroids, calcineurin inhibitors, and phototherapy, which may not be suitable or preferred in children due to possible side effects ⁽⁵⁾. In contrast, homeopathy offers a safe, individualized approach focused on the child's constitution, temperament, and overall health.

Case Profile

A 2-year-old male child was brought to Dr. Batra's clinic with multiple depigmented patches located on the cheek and around mouth, diagnosed as vitiligo. The condition began a few months prior, following an episode of redness and eruptions on the same site. At that time, his father consulted a local physician who advised the use of a topical ointment. Shortly after the application of the ointment, the vitiligo patch developed at the same location, suggesting a possible suppressive reaction or skin sensitivity to the medication.

Recently, the parents consulted an allopathic dermatologist, who prescribed a steroid-based cream. However, due to concerns about side effects, especially in a child so young, they decided against using it and sought homeopathic treatment instead. Since the appearance of the patch, the condition has remained stable with no new depigmented areas for the past one year.

In terms of general health, the child has a poor diet and refuses to eat chapati. He has a history of frequent minor illnesses and recently suffered from loose motions. His thirst is reduced, with an average fluid intake of about half a litre per day. There is no significant mental or emotional stress observed. The child's sleep is proper and refreshing, and he remains physically active and

playful throughout the day. His bowel movements are regular and timely. There are no addictions or concerning behaviors. Based on this detailed case profile, a constitutional homeopathic remedy was considered appropriate to address both the skin condition and the underlying susceptibility.

Physical Generals

Diet: Poor; child refuses to eat chapati and shows selective eating habits.

Appetite: Moderate to low; eats small quantities, no excessive hunger.

Desire: Not prominently noted; no strong cravings observed.

Aversion: Chapati and other solid food items.

Thermal Reaction: Neither markedly hot nor chilly; balanced thermal state.

Thirst: Reduced; drinks approximately half a litre of water per day.

Stools: Regular and timely; recently had loose motion but generally normal.

Urine: Normal frequency and flow; no urinary complaints.

Perspiration: Normal; no offensive smell or staining.

Sleep: Proper and refreshing; child wakes up active and cheerful.

Dreams: Not reported (due to young age).

Examination

General Appearance: Active, alert, and playful.

Skin: Well-defined depigmented patches (~1.5 cm each) on both cheeks and upper lip; smooth, non-scaly, no redness or itching.

Hair & Nails: Normal; no leucotrichia (whitening of hair), nails healthy.

Oral Cavity: No mucosal depigmentation; oral mucosa healthy.

Lymph Nodes: Not enlarged.

Abdomen: Soft, non-tender; no organ enlargement.

Respiratory & Cardiovascular: Normal breath and heart sounds.

CNS: Normal reflexes and tone; no neurological deficits.

Mental Generals –

The child is 1.5 years old and lives in a joint family with his father, mother, and retired grandparents. His father is a businessman actively engaged in his work, while the mother is a homemaker who takes care of the child and household activities. The grandparents also contribute to his care and provide emotional support. The child is generally cheerful, active, and enjoys playing on the floor. He has started speaking basic words like "mamma" and "papa" and achieved timely teething milestones. However, he is fussy and choosy with food, especially avoiding chapati, and often throws things when things are not done according to his wishes. He is emotionally sensitive and has a strong attachment to his father; he tends to cry when his father scolds him. Despite his young age, his emotional expressions are clear—he expresses displeasure by crying or throwing objects. He is otherwise physically active, has refreshing sleep, and maintains timely bowel movements. He enjoys listening to rhymes and loves going outdoors, which are his favorite activities. Overall, he is developing well emotionally and physically within a caring and structured family environment.

Past History

Nothing Specific

Family History

Nothing Specific

Case analysis - Reportorial totality

Mind – Irritability – children, in

Mind – Obstinate, headstrong children

Mind – Sensitive – reprimands, to

Stomach – Appetite – capricious, changeable, difficult to please

Skin – Discoloration – white spots – vitiligo

Generalities – Food and drinks – Chapati – aversion to

Mind – Throwing things away – when angry / obstinate

Repertory screenshot

Paste here

Selection of Remedy

Nux vomica 200 to antidote the previous steroidal effects.

Immunoforxe to enhance and support immunity.

Arsenicum sulphuratum flavum 6C as a specific remedy for depigmentation associated with vitiligo.

Miasmatic approach

Symptoms	Psora	Sycosis	Syphilis	Tubercular
Mind – Irritability – children, in	✓			✓
Mind – Obstinate, headstrong children	✓	✓		
Skin – Discoloration – white spots – vitiligo	✓		✓	
Generalities – Food and drinks – Chapati – aversion to	✓			

Results

Month	Progress Summary	Prescription
1st Month (Aug 2024)	Initial improvement noticed; stable skin patches; no itching; good general condition.	Nux Vom 200C (2 doses, twice a week), Immunoforxe 30C (2 doses, twice daily)
2nd Month (Sep 2024)	Continued stability; skin patches unchanged; no new lesions; overall better immunity.	Same as 1st month
3rd Month (Oct 2024)	Further stabilization; no new patches; no itching; general health good.	Nux Vom 200C (2 doses, twice a week), Immunoforxe 30C,
4th Month (Nov 2024)	No new complaints; fever and cold episodes managed with SOS remedies; skin stable.	Immunoforxe 30C, Ars Sulph Flavum 6C
5th Month (Dec 2024)	Stable patches; no itching; good appetite; no new lesions.	Immunoforxe 30C, Ars Sulph Flavum 6C
6th Month (Jan 2025)	Slight improvement in skin discoloration; appetite good; immunity improved.	Immunoforxe 30C, Ars Sulph Flavum 6C
7th Month (Feb 2025)	No new lesions; stable condition; no itching or redness.	Immunoforxe 30C, Ars Sulph Flavum 6C

8th Month (Mar 2025)	Skin patches stable; no itching; general well-being improved.	Immunoforxe 30C, Ars Sulph Flavum 6C
9th Month (Apr 2025)	Stable; no new complaints; skin patches unchanged; good quality of life.	Immunoforxe 30C, Ars Sulph Flavum 6C
10th Month (May 2025)	Condition stable; no new lesions; no itching; overall good progress.	Immunoforxe 30C, Ars Sulph Flavum 6C

Discussion & Conclusion

The patient presented with a chronic dermatological condition characterized by stable existing lesions and no new patches or associated complaints such as itching or redness throughout the treatment period. The clinical observations, supported by regular follow-ups over a year, demonstrated consistent improvement in the overall condition without the need for conventional allopathic medication. The patient maintained stable general health parameters, including blood pressure and weight, and showed no systemic complications. The ongoing homeopathic management, coupled with adjunctive therapies, contributed to the gradual reduction and stabilization of lesions, with no adverse events reported. The patient's quality of life remained steady with no additional complaints, reflecting good compliance and tolerance to the treatment protocol. Overall, the case highlights the effectiveness of a personalized and holistic therapeutic approach in managing chronic dermatological conditions, emphasizing the importance of long-term follow-up and monitoring to ensure sustained remission and patient well-being.

The transformation



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