



Original Research Article

Volume 15 Issue 06

June 2026

## SUSTAINED REPIGMENTATION IN PEDIATRIC VITILIGO: A FIVE-YEAR FOLLOW-UP CASE REPORT FROM DR BATRA'S HOMEOPATHY CLINIC

**Dr. Akila. G**

Head Medical Services, Annanagar Branch,

Dr Batra's Positive Health Clinic Pvt. Ltd. Qualification: B.H.M.S; M.D (Hom) Pead

Email id: [chc-annanagar@drbatras.com](mailto:chc-annanagar@drbatras.com), Mobile: 8124014616

### Abstract

Vitiligo is a chronic acquired depigmenting disorder characterized by progressive destruction of melanocytes leading to well-defined depigmented macules. Pediatric vitiligo often poses a therapeutic challenge due to its tendency for progression, cosmetic impact, and psychological implications. This case report presents a young male child who developed vitiligo over the scalp followed by facial involvement, with a positive family history of vitiligo in the father. The patient exhibited characteristic constitutional features including timidity, emotional dependence, fear of doctors and injections, and need for support. Individualized constitutional homeopathic treatment along with regular follow-up resulted in sustained repigmentation, arrest of disease progression, reversal of leukotrichia, and long-term stability over a five-year observation period. The case demonstrates a significant clinical transformation achieved at Dr Batra's Homeopathy Clinic.

**Keywords:** Vitiligo, Pediatric Vitiligo, Leukoderma, Repigmentation, Constitutional Homeopathy, Scalp Vitiligo

### Introduction

Vitiligo is an acquired pigmentary disorder characterized by selective melanocyte destruction resulting in depigmented macules and patches. The disease affects

approximately 0.5–2% of the global population and nearly one-fourth of cases begin during childhood.

Scalp vitiligo is particularly challenging because it is often associated with leukotrichia and tends to show slower repigmentation compared to facial lesions. A positive family history increases susceptibility and may indicate a genetic predisposition.

This report describes successful long-term management of scalp and facial vitiligo with sustained repigmentation documented over five years.

---

### **Case Profile**

**Age:** Child

**Gender:** Male

**Residence:** India

**Duration of Illness:** 1 year before presentation

---

### **Chief Complaints**

#### **Vitiligo Since 1 Year**

- Initially appeared over scalp
- Later spread to right cheek
- Progressive depigmentation
- Scalp involvement associated with white hair
- Facial involvement causing cosmetic concern

---

### **Family History**

A significant hereditary predisposition was present.

**Father:** Vitiligo involving genital region.

No other autoimmune or pigmentary disorders reported in family.

The positive family history strengthened the diagnosis of familial vitiligo.

---

## **Investigations**

### **"Investigations"**

#### **Food Intolerance Profile (IgG)**

The patient underwent Food Intolerance Testing which revealed sensitivity to several dietary items.

#### **Foods to Avoid (High Reactivity)**

- Wheat
- Semolina
- Gluten
- Tur Dal
- Cow Milk
- Egg

#### **Foods to Reduce / Observe**

- Lentil
- Chana Dal
- Moong Dal
- Cashew
- Ginger

#### **Foods Allowed**

- Rice
- Corn
- Barley
- Almond
- Walnut
- Soybean
- Chicken
- Fish

- Fruits and vegetables (except listed sensitivities)

Dietary modifications were advised along with constitutional homeopathic treatment and topical repigmentation support.

### **Obstacles to cure**

### **Obstacles to Cure and Maintaining Causes**

During evaluation, an IgG Food Intolerance Profile identified multiple dietary sensitivities, particularly to:

- Gluten-containing foods
- Wheat products
- Cow milk
- Egg
- Tur Dal

As vitiligo is increasingly associated with autoimmune and inflammatory pathways, elimination of identified food intolerances was advised to reduce potential inflammatory triggers and improve constitutional response.

Strict dietary compliance was maintained throughout treatment and formed an important adjunct to constitutional management.

### **Detailed Mental Generals**

The child belonged to a close-knit family consisting of father, mother, and an elder brother. He shared a particularly strong emotional bond with his mother and preferred her company during stressful situations.

From childhood he maintained good interpersonal relationships and adapted well socially. He was emotionally sensitive and required reassurance from family members. He preferred support and encouragement while dealing with challenges.

A characteristic feature of the case was marked timidity. He exhibited fear of doctors, hospitals, and injections. Medical consultations often generated apprehension and anxiety.

Despite this, he remained affectionate, cooperative, and family-oriented. His happiest moments were spent with family members, reflecting a strong need for emotional security and attachment.

### Characteristic Mental Symptoms

- Timid nature
  - Fear of doctors
  - Fear of injections
  - Emotional dependence
  - Needs support and reassurance
  - Strong attachment to family
  - Sensitive disposition
- 

### Physical Generals

Parameter	Findings
Appetite	Normal
Desire	Eggs
Thirst	Normal
Stool	Normal
Urine	Normal
Sleep	Refreshing
Thermals	Hot patient
Perspiration	Normal

---

### Clinical Examination

#### Baseline

- Depigmented patch over scalp
- Depigmented patch over right cheek
- Leukotrichia present in scalp lesion
- No scaling

- No itching
- 

## **Homeopathic Analysis**

### **Characteristic Mental Symptoms**

1. Fear of doctors
2. Fear of injections
3. Timid child
4. Emotional dependence
5. Requires support
6. Family attachment

### **Physical Generals**

1. Desire for eggs
2. Hot patient
3. Normal appetite
4. Normal sleep

### **Particular Symptoms**

1. Vitiligo of scalp
  2. Vitiligo of face
  3. Leukotrichia
  4. Family history of vitiligo
- 

### **Totality of Symptoms**

1. Mind – Timidity
2. Mind – Fear of doctors
3. Mind – Fear of injections
4. Mind – Emotional dependence
5. Mind – Desire for support
6. Generalities – Desire for eggs
7. Generalities – Hot patient
8. Skin – Vitiligo scalp

9. Skin – Vitiligo face
  10. Skin – Leukotrichia
  11. Family history of vitiligo
- 

### **Repertorial Totality**

#### **Repertory Used**

Synthesis Repertory

#### **Important Rubrics**

- Mind – Timidity
  - Mind – Fear, physicians
  - Mind – Fear, injections
  - Mind – Clinging, children
  - Generalities – Eggs desire
  - Skin – Discoloration white
  - Skin – Vitiligo
- 

### **Remedy Selection**

#### **Constitutional Remedy**

#### **Calcarea Sulphurica 200C**

#### **Reasons for Prescription**

- Timid disposition
  - Emotional dependency
  - Constitutional suitability
  - Chronic skin pathology
  - Pediatric vitiligo
- 

### **Acute Remedy**

#### **Arsenicum Sulphuratum Flavum 30C**

Used for active depigmenting process and skin pathology.

---

**Intercurrent Remedy**

**Tuberculinum 1M**

Administered as an intercurrent remedy considering hereditary predisposition, constitutional susceptibility, and chronic recurrent tendency.

**Miasmatic Analysis**

Symptom	Psora	Sycosis	Tubercular
Vitiligo	✓		
Leukotrichia			✓
Hereditary tendency		✓	✓
Disease spread			✓
Childhood onset			✓

**Predominant Miasm**

**Tubercular-Psoric**

**Follow-Up Summary**

**September 2021**

- Mild repigmentation observed
- No new lesions
- General health improved

**February–June 2022**

- Repigmentation visible in scalp lesions
- Hair color improving
- New lesion on upper back stabilized
- No disease progression

**July–December 2022**

- Repigmentation continued
- Facial lesions reduced
- White hairs improving
- Disease under control

**2023**

- No new lesions
- Stable disease
- Continuous repigmentation on face and scalp
- Regular Wood's lamp improvement documented

**2024**

- Significant repigmentation
- No fluorescence on Wood's lamp
- Only occasional friction-induced lesions
- Majority of lesions stable or improved

**2025-2026**

- No new lesions
- Persistent repigmentation
- Facial and scalp lesions markedly reduced
- Long-term stability maintained
- Disease progression arrested

**Transformation Table**

<b>Parameter</b>	<b>Before Treatment</b>	<b>After Treatment</b>
Scalp Lesion	Present	Markedly repigmented
Facial Lesion	Present	Significant repigmentation
Leukotrichia	Present	Hair color restoration noted
Disease Spread	Progressive	Arrested
New Lesions	Appearing	Absent
Wood's Lamp Findings	Active lesions	Repigmentation documented
Cosmetic Appearance	Affected	Improved
Quality of Life	Concerned family	Improved confidence
Disease Stability	Unstable	Stable for years

**FOOD INTOLERANCE TEST (FOOD IgG)**



**Name** : Mast.Siddharth S. P      EnquiryId : 110007024505  
**Gender** : Male

Oats	██████████	Wheat	██████████
Rice	██████████	Corn	██████████
Semolina	██████████	Barley	██████████
Gluten	██████████	Lentil	██████████
Tur Dal	██████████	Chana Dal	██████████
Mung Dal	██████████	Almond	██████████
Cashew	██████████	Walnut	██████████
Peanuts	██████████	Soyabean	██████████
Cocoa Powder	██████████	Chicken	██████████
Lamb	██████████	Pork	██████████
Kingfish	██████████	Mackerel	██████████
Prawn	██████████	Crab	██████████
Shrimp	██████████	Broccoli	██████████
Carrot	██████████	Potato	██████████
Tomato	██████████	Onion	██████████
Brinjal	██████████	Cabbage	██████████
Banana	██████████	Apple	██████████
Black Raisin	██████████	Olive	██████████
Black Current	██████████	Strawberry	██████████
Tea	██████████	Cow Milk	██████████
Egg	██████████	Cucumber	██████████
Ginger	██████████	Garlic	██████████
Rye	██████████	Flax Seed	██████████

0-CONSUME	Rice, Corn, Barley, Almond, Walnut, Soyabean, Cocoa Powder, Chicken, Lamb, Pork, Mackerel, Prawn, Broccoli, Carrot, Tomato, Onion, Cabbage, Banana, Apple, Black Raisin, Olive, Black Current, Strawberry, Tea, Cucumber, Garlic, Rye, Flax Seed
1-OBSERVE	Oats, Peanuts, Kingfish, Crab, Shrimp, Potato, Brinjal
2-REDUCE	Lentil, Chana Dal, Mung Dal, Cashew, Ginger
3-AVOID	Wheat, Semolina, Gluten, Tur Dal, Cow Milk, Egg



**5-Year**

**Follow-Up Summary**

<b>Follow-Up Period</b>	<b>Clinical Progress</b>	<b>Vitiligo Status</b>	<b>Wood's Lamp / Objective Findings</b>
<b>Year 1 (2021-2022)</b>	Initial scalp and facial lesions stabilized. Early perifollicular repigmentation observed. No significant enlargement of existing lesions. Family educated regarding diet and treatment compliance.	Disease progression arrested. Initial repigmentation noted.	Early pigment islands visible within scalp lesion. No major new lesions.
<b>Year 2 (2022-2023)</b>	Gradual reduction in depigmented areas over scalp and face. White hair within lesions started showing pigmentation. Cosmetic appearance improved.	Moderate repigmentation achieved.	Wood's lamp showed reduction in lesion activity and increasing perifollicular pigmentation.
<b>Year 3 (2023-2024)</b>	Significant improvement in scalp lesion margins. Facial lesion showed marked reduction in size. No spread of disease. Child remained clinically stable.	Approximately 60% repigmentation in major lesions.	Stable lesions with reduced fluorescence. No active expansion observed.
<b>Year 4 (2024-2025)</b>	Continued repigmentation over scalp and face. Hair pigmentation improved. No appearance of fresh lesions despite positive family history. Quality of life and confidence improved.	Majority of lesions showed substantial repigmentation.	Wood's lamp examination demonstrated ongoing pigment restoration and absence of active disease.
<b>Year 5 (2025-2026)</b>	Sustained improvement maintained. No new lesions, no progression, and persistent repigmentation. Long-term stability achieved with dietary compliance and constitutional treatment.	Near-complete stabilization with marked cosmetic recovery.	Minimal residual depigmentation. No evidence of active vitiligo progression.

## Outcome Assessment After 5 Years

Parameter	Baseline	After 5 Years
Scalp Vitiligo	Extensive depigmented patch	Markedly repigmented
Facial Vitiligo	Active lesion on right cheek	Significant repigmentation
Leukotrichia	Present	Improved
New Lesions	Progressive tendency	None
Disease Activity	Active	Stable
Wood's Lamp Findings	Active depigmentation	Minimal residual activity
Family Concern	High	Significantly reduced
Quality of Life	Affected	Improved
Long-Term Stability	Poor prognosis due to family history	Stable remission maintained

## Discussion

Vitiligo involving the scalp and face during childhood often raises concerns regarding progression, cosmetic disfigurement, and long-term prognosis. The presence of leukotrichia and positive family history generally indicate a more challenging clinical course.

In the present case, the disease began over the scalp and subsequently involved the face. The hereditary background suggested a constitutional susceptibility. The mental profile was characterized by timidity, emotional dependence, fear of doctors, fear of injections, and a strong need for reassurance.

Constitutional prescribing was based on the totality of mental characteristics, physical generals, hereditary background, and disease presentation. Long-term follow-up demonstrated gradual repigmentation, stabilization of lesions, and reversal of depigmentation without significant progression.

A notable observation was improvement in hair pigmentation within scalp lesions, suggesting restoration of melanocyte activity. Repeated Wood's lamp examinations documented continued repigmentation and absence of significant disease advancement.

The sustained remission maintained over several years indicates deep constitutional improvement rather than temporary suppression.

---

## **Conclusion**

This case demonstrates successful long-term constitutional homeopathic management of pediatric vitiligo involving the scalp and face with a strong familial predisposition. Significant repigmentation, arrest of disease progression, improvement in leukotrichia, and long-term stability were achieved over a five-year follow-up period. The case highlights the value of individualized constitutional homeopathy in pediatric vitiligo and documents a noteworthy clinical transformation achieved at Dr Batra's Homeopathy Clinic.

## **References**

1. Ezzedine K, Eleftheriadou V, Whitton M, van Geel N. Vitiligo. *Lancet*. 2015;386(9988):74-84.
2. Taïeb A, Picardo M. Clinical practice. Vitiligo. *N Engl J Med*. 2009;360(2):160-169.
3. Bologna JL, Schaffer JV, Cerroni L. *Dermatology*. 4th ed. Elsevier; 2018.
4. Habif TP. *Clinical Dermatology*. 7th ed. Elsevier; 2021.
5. Kumar B, Dogra S. Vitiligo: Clinical features and pathogenesis. *Indian J Dermatol Venereol Leprol*. 2009;75(4):335-344.
6. Hahnemann S. *Organon of Medicine*. 6th ed.
7. Kent JT. *Lectures on Homeopathic Philosophy*.
8. Boericke W. *Pocket Manual of Homeopathic Materia Medica*.
9. Allen HC. *Keynotes and Characteristics*.
10. Close S. *The Genius of Homeopathy*.