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Successful Homoeopathic Management of Childhood Vitiligo Involving the Eyelids and Lips: A Case Report at Dr Batra's

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ABSTRACT

Vitiligo is a chronic acquired pigmentary disorder characterized by selective destruction of melanocytes, resulting in well-demarcated depigmented macules. Childhood vitiligo accounts for nearly one-third of all vitiligo cases and often carries considerable psychosocial implications for both the child and parents. Facial involvement, particularly of the eyelids and lips, is cosmetically distressing and frequently prompts early medical consultation. Although conventional therapies may induce repigmentation, prolonged treatment and recurrence remain significant challenges.

This case report describes a child who presented with progressive hypopigmented lesions involving both upper eyelids and lips of six months' duration. The lesions increased following topical allopathic treatment. Wood's lamp examination demonstrated bright white fluorescence with complete depigmentation of the eyelids and subclinical lesions over both thumbs. Constitutional case analysis revealed a cheerful, affectionate, well-behaved, mildly shy, pampered child with marked attachment to her parents, especially her mother, corresponding closely with the constitutional remedy Pulsatilla. Arsenicum sulphuratum flavum was prescribed during the active stage, while Tuberculinum was administered as an intercurrent anti-miasmatic remedy.

During a follow-up period of more than two years, no new lesions developed. Progressive perifollicular repigmentation (trichrome pigmentation) was documented under Wood's lamp examination, with complete recovery of both upper eyelids and substantial improvement of the lip lesions. This case highlights the potential role of individualized homoeopathic treatment in achieving disease stabilization and sustained repigmentation in childhood vitiligo.

Keywords: Childhood vitiligo, Facial vitiligo, Individualized homoeopathy, Pulsatilla, Wood's lamp, Repigmentation, Case report.

1. Introduction

Vitiligo is a chronic acquired autoimmune pigmentary disorder characterized by the destruction of functional melanocytes, leading to depigmented macules involving the skin and mucous membranes. The global prevalence ranges from 0.5% to 2%, with approximately 25–35% of cases developing during

childhood. Early-onset vitiligo often demonstrates a prolonged disease course and may significantly affect self-esteem, social interactions, and psychological development.

The etiopathogenesis of vitiligo is multifactorial and involves autoimmune mechanisms, oxidative stress, genetic susceptibility, neural factors, and environmental triggers. Childhood facial vitiligo, particularly affecting cosmetically sensitive areas such as the eyelids and lips, poses unique therapeutic challenges because of prolonged treatment duration, recurrence, and cosmetic concerns.

Diagnosis is primarily clinical and may be supplemented by Wood's lamp examination, which assists in identifying active lesions, subclinical depigmentation, and monitoring repigmentation during treatment.

Conventional management includes topical corticosteroids, calcineurin inhibitors, phototherapy, and surgical interventions in selected cases. However, treatment responses remain variable, and recurrence is common.

Homoeopathy adopts an individualized therapeutic approach based on the totality of characteristic mental, emotional, constitutional, and physical symptoms rather than the local pathology alone. Constitutional prescribing aims to modify the patient's susceptibility while promoting restoration of normal physiological function.

The present case illustrates successful long-term management of childhood vitiligo involving the eyelids and lips using individualized homoeopathic treatment with serial Wood's lamp documentation.

2. Case Presentation

A young female child presented with complaints of progressive hypopigmented patches involving both upper eyelids and the upper lip, first noticed approximately six months before consultation.

Initially, the parents observed mild discoloration beneath both eyes, which gradually spread to involve the upper eyelids and lips. The lesions appeared approximately six months after the family relocated from Nepal to Guwahati. The child had previously received topical allopathic medications (Tofates ointment and Melbild ointment), following which the depigmented areas appeared to enlarge.

There was no history of itching, burning, pain, trauma, preceding infection, or systemic illness. The child remained active, cheerful, and otherwise healthy.

Wood's lamp examination revealed bright white fluorescence, indicating complete depigmentation of both eyelids. Two additional subclinical depigmented macules were identified over both thumbs, which were not visible to the naked eye.

There was no history of similar skin disease in the child, although the mother was a known case of hypothyroidism.

2.1 History of Present Illness

The disease began insidiously with small hypopigmented macules beneath both eyes and gradually progressed to involve both upper eyelids and lips over six months. Following topical allopathic treatment, the parents noticed apparent progression of depigmentation, prompting consultation for homoeopathic treatment. There were no associated constitutional complaints, itching, pain, or systemic symptoms. The child continued normal school activities and remained socially active throughout the illness.

2.2 Past History

No significant past medical illness. No previous hospitalization. No surgery. Normal antenatal, natal, and developmental history. Milestones achieved appropriately.

2.3 Family History

Mother diagnosed with hypothyroidism. Father healthy. No family history of vitiligo or autoimmune skin disorders.

2.4 Personal History

Appetite normal; cravings for sour and spicy food; thirst normal; stool and urine normal; sleep refreshing (8 hours); ambithermal state; perspiration normal.

2.5 Mental Generals

The child belonged to a close-knit family and was deeply attached to both parents, particularly her mother. She was described as cheerful, affectionate, smiling, polite, gentle, well behaved, playful, and socially interactive. She enjoyed attending school, had many friends, shared her toys freely, and maintained healthy relationships with classmates and teachers.

Although generally confident, she had become slightly shy in recent months. She was emotionally sensitive and became sad whenever her mother scolded her regarding studies or discipline. There was no history of major emotional trauma, bullying, or stressful life events. The child enjoyed outdoor games and spending time with her friends.

2.6 Clinical Examination

General examination: afebrile; well nourished; no pallor; systemic examination within normal limits.

Dermatological examination: symmetrical hypopigmented macules involving both upper eyelids; hypopigmentation involving upper lip; well-defined margins; no scaling, erythema, induration, or sensory loss; nails normal.

2.7 Wood's Lamp Examination

Baseline examination demonstrated bright white fluorescence involving both upper eyelids, complete depigmentation of eyelid lesions, depigmented upper lip, and two additional occult depigmented macules over both thumbs visible only under Wood's lamp. Serial examinations during follow-up demonstrated progressive perifollicular pigmentation, appearance of trichrome pigmentation, gradual reduction in fluorescence, progressive repigmentation of eyelids, and subsequent repigmentation involving lips.

2.8 Investigations

No laboratory investigations were considered necessary because clinical examination and Wood's lamp findings were characteristic of localized vitiligo.

2.9 Diagnosis

Primary Diagnosis: Localized non-segmental vitiligo involving both upper eyelids and upper lip.

2.10 Differential Diagnoses

- Nevus depigmentosus
- Pityriasis alba
- Post-inflammatory hypopigmentation

- Chemical leukoderma

3. Case Analysis

The child presented with localized facial vitiligo involving cosmetically sensitive areas without associated systemic illness. The disease demonstrated gradual progression despite topical therapy.

Constitutional analysis revealed a characteristic Pulsatilla personality: affectionate, pampered, cheerful, emotionally sensitive, gentle, well behaved, socially interactive, and deeply attached to her mother. Mild shyness and emotional sensitivity when corrected by parents further strengthened the constitutional similarity.

The physical generals — including craving for sour and spicy food, ambithermal constitution, refreshing sleep, and otherwise healthy constitutional state — supported the constitutional prescription. The totality of symptoms corresponded closely with Pulsatilla. During the active depigmenting stage, Arsenicum sulphuratum flavum was prescribed owing to its traditional clinical affinity for vitiligo, while Tuberculinum was employed as an intercurrent anti-miasmatic remedy to enhance constitutional response.

3.1 Totality of Characteristic Symptoms

Mental Generals: Cheerful, smiling and affectionate child; well behaved and gentle disposition; mildly shy but social; attached to mother; emotionally sensitive when scolded; loves company and enjoys playing with friends; pampered by parents; loves school and classmates.

Physical Generals: Appetite normal; desire for sour and spicy food; thirst normal; sleep refreshing; ambithermal constitution; no associated systemic complaints.

Particular Symptoms: Progressive hypopigmented macules over both upper eyelids; depigmentation involving upper lip; white fluorescence under Wood's lamp; no itching or burning; lesions increased after topical allopathic treatment; subclinical thumb lesions detected only under Wood's lamp.

3.2 Repertorial Analysis

Repertorization was carried out using the characteristic mental generals, physical generals and local disease characteristics.

Important Rubrics: Mind—Mild, gentle disposition · Mind—Company—Desire for · Mind—Timidity/Shyness · Mind—Affectionate · Mind—Sensitive to reprimand · Generalities—Food and drinks—Sour—Desire · Skin—Discoloration—White spots · Skin—Vitiligo.

Leading remedies considered: Pulsatilla nigricans showed excellent correspondence with the constitutional personality, emotional sensitivity, affectionate disposition and physical generals. Arsenicum sulphuratum flavum showed strong clinical affinity for vitiligo and depigmented lesions. Sulphur was considered due to skin pathology but lacked constitutional similarity. Calcarea carbonica was considered because of childhood age group but the constitutional picture was inconsistent. Tuberculinum was selected as an intercurrent anti-miasmatic remedy because of chronic disease tendency.

After evaluating the complete symptom totality, Pulsatilla demonstrated the closest constitutional correspondence.

Figure 1. Clinical and Wood's lamp documentation summary.

3.3 Remedy Differentiation

Pulsatilla nigricans: Selected because the child exhibited a characteristic constitutional picture of being affectionate, gentle, well behaved, emotionally sensitive, attached to her parents, slightly shy, cheerful and desirous of company. These mental characteristics together with her physical generals closely matched the remedy.

Arsenicum sulphuratum flavum: Possesses a well-recognized clinical affinity for vitiligo and depigmented skin disorders. It was prescribed during the active stage to complement constitutional management of the localized depigmentation.

Tuberculinum: Prescribed as an intercurrent anti-miasmatic remedy considering the chronicity of the disease and to improve constitutional susceptibility during long-term treatment.

Sulphur: Considered because of its action on chronic skin disorders but rejected due to poor similarity with the child's constitutional mental picture.

3.4 Prescription

Initial Prescription — Pulsatilla: Constitutional remedy.

Active Depigmentation Phase — Arsenicum sulphuratum flavum.

Intercurrent Prescription — Tuberculinum.

Follow-up: Placebo during periods of continuous improvement.

Supportive advice included early morning sunlight exposure, a balanced diet rich in iron, fruits and green leafy vegetables, avoidance of excessive sour foods as advised clinically, Vitamin D supplementation, regular application of prescribed repigmentation cream, and periodic Wood's lamp assessment.

3.5 Miasmatic Analysis

The case predominantly exhibited a Tubercular-Psoric background.

Psoric Features: Functional melanocyte disorder; localized depigmentation; gradual progression; good general health.

Tubercular Features: Early onset; progressive spread of lesions; chronic disease tendency; good constitutional vitality despite local pathology.

4. Follow-up

Duration	Clinical Progress
2 Months	No new depigmented lesions. Reduction in hypopigmentation of eyelids noted clinically.
6 Months	Disease stabilized. Wood's lamp showed early melanin dots (approximately 20% repigmentation).
12 Months	Progressive perifollicular pigmentation over eyelids. No new lesions. Lips remained stable.
18 Months	Approximately 80% recovery of eyelid lesions with visible trichrome pigmentation. Lip lesions also showed improvement.
24 Months	Complete clinical recovery of both upper eyelids. Significant repigmentation of lips with no appearance of new lesions.
Final Follow-up	Disease remained stable with sustained repigmentation and no relapse.

4.1 Clinical Outcome Assessment

Clinical Parameter	Baseline	Final Follow-up
Number of lesions	Eyelids and upper lip involved	No new lesions; eyelids recovered completely
Eyelid depigmentation	100% depigmented	Complete repigmentation
Lip depigmentation	Progressive	Significant repigmentation with residual mild hypopigmentation
Disease progression	Active	Stable with no progression
Wood's lamp findings	Bright white fluorescence	Progressive reduction in fluorescence with trichrome pigmentation
Perifollicular pigmentation	Absent	Markedly increased
New lesions	Present (subclinical thumb lesions detected)	No additional lesions during follow-up
Itching	Occasional mild episodes	Absent
Overall cosmetic improvement	Poor	Excellent

5. Health-Related Quality of Life (HRQL)

Although the child had minimal psychological distress at presentation because of her young age and supportive family environment, the cosmetically visible facial lesions caused parental anxiety. Throughout treatment, stabilization of the disease, gradual repigmentation, and absence of new lesions significantly reduced parental concern. The child continued normal school attendance, social interactions, and outdoor activities without restrictions. Progressive cosmetic improvement enhanced family confidence and treatment adherence.

6. Patient/Parent Perspective

"Initially we were worried because the white patches around her eyes were increasing despite previous treatment. Seeing gradual improvement during every follow-up and the changes under Wood's lamp gave us confidence. Now both eyelids have regained their normal colour, no new patches have appeared, and she continues to enjoy school and daily activities without any problems."

7. Learning Points

- Early diagnosis with Wood's lamp examination helps detect clinically inapparent vitiligo lesions.
- Constitutional homoeopathic prescribing based on the child's individual characteristics may contribute to long-term disease stabilization.
- Serial Wood's lamp examinations provide an objective method for monitoring repigmentation.
- Early intervention in localized childhood vitiligo may improve cosmetic outcomes.
- Dietary counselling, sunlight exposure, and regular follow-up enhance long-term management.

8. Discussion

Childhood vitiligo often follows a prolonged and unpredictable course, with facial lesions presenting a significant therapeutic challenge because of cosmetic concerns and the potential impact on quality of life. In the present case, depigmented macules involving the eyelids and lips progressed despite prior topical treatment. Wood's lamp examination confirmed active depigmentation and detected additional subclinical lesions that were not visible on routine examination.

Individualized constitutional prescribing was based on the child's characteristic mental and physical profile rather than the diagnosis alone. Her cheerful disposition, affectionate nature, sensitivity, attachment to her mother, and gentle temperament corresponded closely with Pulsatilla. Arsenicum sulphuratum flavum was prescribed during the active stage because of its clinical affinity for depigmented skin disorders, while Tuberculinum was administered as an intercurrent anti-miasmatic remedy.

Serial follow-up over more than two years demonstrated progressive perifollicular repigmentation, reduction in Wood's lamp fluorescence, complete recovery of both upper eyelids, and marked improvement in lip pigmentation without development of new lesions. Objective documentation using Wood's lamp strengthened assessment of therapeutic response. Although spontaneous repigmentation may occur in localized vitiligo, the sustained stabilization, gradual repigmentation, and absence of relapse throughout long-term follow-up support a favorable clinical outcome in this patient.

9. Conclusion

This case demonstrates successful long-term management of localized childhood vitiligo involving the eyelids and lips using individualized constitutional homoeopathic treatment. Progressive repigmentation documented clinically and by serial Wood's lamp examinations resulted in complete recovery of eyelid lesions, significant improvement of lip depigmentation, and sustained disease stabilization without the appearance of new lesions. The case highlights the value of individualized prescribing, objective monitoring, and long-term follow-up in the management of pediatric vitiligo.

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