

LEUKODERMA & ITS HOMOEOPATHIC  
APPROACH

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## **LEUKODERMA AND ITS HOMOEOPATHIC APPROACH**

### **Leukoderma:**

This is a broad term which denotes lightened colour of skin. This includes a variety of conditions e.g. Albinism, Pie baldism, Vitiligo etc.

### **Factor responsible for colour variation of human skin:**

The melanosomes present in epidermal Keratinocytes contain melanin pigment (brown) and are responsible for differences of colour of human skin. Unless melanin enters into Keratinocytes from the melanocytes present in dermo-epidermal junction, normal brown colour of skin is not visible.

### **Process of melanin containing melanosome Synthesis and its transportation to epidermal Keratinocytes**

Melanosomes are synthesized in the melanocytes present in the dermo-epidermal junction; each melanocyte transports the melanosomes to 36 epidermal Keratinocytes which again transport the same to epidermal surface. The initial step in melanin synthesis in the melanocytes is conversion of Tyrosine to dopa by Tyrosinase. The final product of this process is the formation of melanin after passing through few more stages.

### **Amelanosis, Hypomelanosis and Depigmentation**

In Leukoderma, lightened colour of the skin may be any of the above mentioned three conditions-

*Amelanosis:* This means complete absence of melanin pigmentation.

*Hypomelanosis:* This means less melanin pigmentation.

*Depigmentation:* This means melanin pigmentation: was normal previously, but subsequently lost due to some reason or other.

### **Causes of Amelanosis or Hypomelanosis**

1. Disappearance or destruction of melanin from the skin secondary to any cause.
2. In coordination in melanosome degradation in the epidermal Keratinocytes.
3. Disturbances in the transfer and melanisation of melanosomes.
4. Lack of formation of melanosome matrix in the melanocytes.
5. Disturbances in the synthesis and transport to Tyrosinase.
6. Lack of proper mitosis of melanocytes.
7. Lack of migration of melanoblasts to the skin and disturbances in the transformation of melanoblasts into melanocytes.

### **VITILIGO**

Of all the varieties of Leukoderma, Vitiligo is very common in our country. Naturally it will be better to limit our subject in the description of Vitiligo alone and at the same time it should also be remembered that the approach and line of treatment in Homoeopathy will remain unchanged in all types of Leukoderma.

#### *Primary Vitiligo Definition:*

This means idiopathic, acquired Leukoderma characterized clinically by disappearance of melanin pigment and histologically by absence of identifying melanocytes in the affected regions. This may be familial in about 30% cases.

#### *Classification:*

1. Mucosal: In this variety, the Mucous membrane and the muco-cutaneous junctions are  
only affected.
2. Focal: In this only one or more vitiligo lesions affect a single area.
3. Generalized: This means the whole body or an extensive area of skin in different places may be affected either in patches or diffusely.

*Aetiology:*

1. Definite cause is not yet known. From Homoeopathic viewpoint, latent hereditary miasmatic state predominant y syphilis is responsible for Vitiligo. The latent miasmatic state flares up due to suitable environmental factors (exciting causes).

## 2. Precipitating Causes:

(a) Physical trauma: Patients who are prone to Vitiligo may develop vitiligo at the sites of traumatic injury. Exposed parts of the body which are liable to friction are the common sites where vitiligo may develop to start with.

(b) Sunburn: Prolonged exposure under strong sunlight may help in developing Vitiligo in subjects prone to the same.

(c) Emotional upsets: Sudden mental shock, disappointed love, persistent worries and anxieties etc. may initiate Vitiligo in prone individuals.

(d) Persistent irritation by using tight clothing around waist is a common precipitating cause  
of vitiligo in individuals who are prone to it.

(e) Excessive smoking may predispose in the same way.

(f) Use of cosmetics may also predispose.

(3) Age: No age is immune; common from 10 to 30 years of age.

(4) Sex: Common to both sexes.

(5) Race: No race is immune.

*Clinical features:*

1. Family history: History of Vitiligo in the family may be ascertained in about 30% cases.
2. Characteristic Vitiligo lesion:

(a) The typical lesion of Vitiligo is a chalk-white, round or oval macule with distinct margin (in most cases) and shining white appearance.

(b) Trichrome Vitiligo lesion: Three different colours may be visible at the same site of lesion—

(i) white (ii) tan and (iii) brown.

3. Graying of hair due to depigmentation may be present along with Vitiligo.

4. Inferiority complex, fear, introvertedness, despair of recovery etc are the common associated features.

5. Histological findings:

(a) Absence of melanocytes in the affected regions.

(b) Effete dendritic cells may be found at the basal layer.

#### *Pathogenesis:*

No definite pathogenesis is yet known. However, there are three hypothesis prevalent at present. They are:

1. Self-destruct hypothesis.
2. Neural hypothesis.
3. Auto-Immune hypothesis.

#### *Self destruct hypothesis:*

It is believed that some of the melanin precursors which are synthesized by the melanocytes may act as toxic to the cells themselves As a result; destruction of melanocytes may take place. It is not clear as to why normal cellular products act as toxic to them. (For explanation from homoeopathic viewpoint —sees later on).

#### *Neural hypothesis:*

Neuro chemical mediator is believed to be responsible for the destruction or suppression of melanocytes. Here also why and how the neuro-chemical factor is produced is not yet clear.

*Auto Immune hypothesis:*

According to this hypothesis, auto-immunity is responsible for the destruction of melanocytes. Auto-immune antibodies are formed in the system which act as enemies to the melanocytes resulting in destruction.

*Course:*

The disease is slowly progressive. Focal or mucosal Vitiligo may remain stationary at a particular place for fairly a long time, but may suddenly become generalized initiated by some precipitating factor as already mentioned. Spontaneous partial repigmentation may occur in many cases.

*Prognosis:*

Homoeopathically, prognosis is quite favourable. Complete cure may be possible in most cases. But it requires a prolonged course of treatment to cure the patient completely. As such, patience of highest degree is absolutely necessary both on the part of the patient and the physician as well. The initial sign of improvement may take months or even years to manifest, but - once repigmentation starts, the progress of improvement may be very rapid. It has been frequently observed that intermittently the improvement may come to a standstill condition when a change in the plan of treatment may initiate improvement again.

However, in no case the patient should be left untreated.

**Secondary Vitiligo:**

Vitiligo may appear in association with or secondary to many systemic diseases. In such cases, Vitiligo itself is not the disease but an associated manifestation of some other diseases elsewhere.

Homoeopathically these cases are mostly due to secondary psora or a mixed miasmatic state. Naturally, their plan of treatment is quite different from that of Primary Vitiligo.

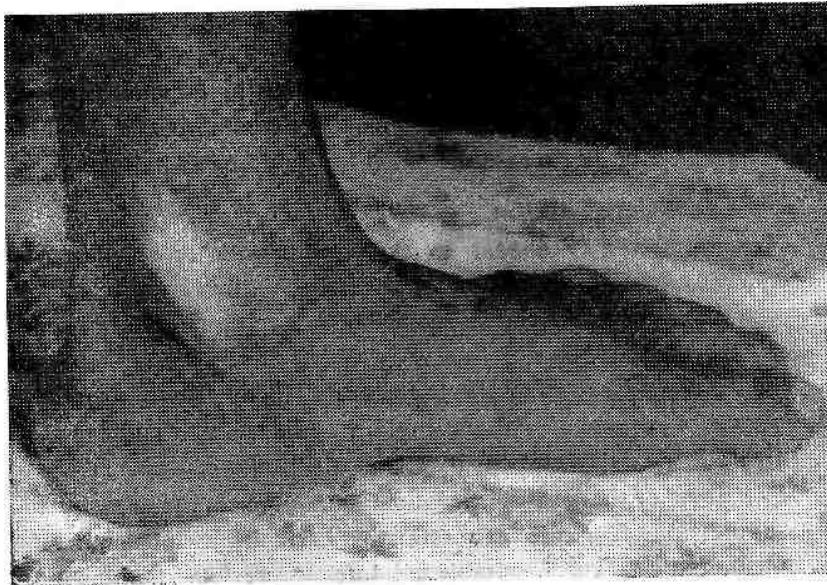
Some of these cases in my opinion are the results of repeated suppression of disease manifestations or their previous maltreatment. In such cases, suitable antidotes to previous treatment or the suppressed disease conditions may result in dramatic improvement of Vitiligo. Even in cases where depigmentation results from solely some exogenous cause e.g. minor burn, a suitable antidote to the exogenous cause may help to initiate spontaneous repigmentation.

Some of the common systemic diseases related to vitiligo are:

1. Addison's disease.
2. Thyroiditis and thyroid carcinoma.
3. Hyperthyroidism as also hypothyroidism
4. Diabetes Mellitus. 5. Malignant melanoma (vitiligo like leukoderma).
6. Pernicious Anaemia.
7. Psoriasis.
8. Alopecia areata.
9. Malignancy of skin.
10. Toxic and simple goiter.

*References:*

1. Harrison's Principles of Internal Medicine—Tenth Edition
2. Dermatology in General Medicine—Second Edition  
Thomas B. Fitzpatrick, Arthur Z. Eisen, Klaus Wolff,  
Irwin M. Freedberg and K. Frank Austen.



**Focal Vitiligo: Note the Sharp Margin**

**Homoeopathic approach in cases of Vitiligo or Leukoderma in general:**

Homoeopathically vitiligo is a one sided disease having its-chief or only manifestation on the skin to start with. Naturally, it is very difficult to cure, because we do not get the exact-sensations, modalities or concomitants in such cases. But if we believe in miasmatic concept of diseases and treat these patients with suitable antimiasmatic medicines, supplemented by proper hygienic measures and removal of the possible obstacles in the way of cure, then, in most cases, we may be able to cure these patients. But it must be remembered that melanisation of the patches from where melanocytes have completely disappeared is a most difficult task to perform and requires a prolonged course of treatment and patience both on the part of the patient and the physician.

Homoeopathy does not consider vitiligo as a skin disease-but a systemic disorder having its chief manifestation on the skin. Like all other chronic diseases, two factors are necessary to cause vitiligo—(i) Inherited and / or acquired miasmatic dyscrasia (ii) Environmental factors in the form of physical trauma, chemical irritants, emotional upset etc. No true aetiological factors have yet been demonstrated nosologically but a homoeopath knows that all true chronic diseases are nothing but the products of three basic miasmatic states, — *Psora*, *Sycosis* and *Syphilis*. The aetiological factors mentioned in the text books of medicine for skin diseases are but precipitating factors. Unless the basic miasmatic state is there, these environmental factors can never cause vitiligo.

The pathogenesis explained before also confirms the miasmatic concept Auto-immunity cannot be produced in the system unless some cells behave abnormally. The reason of this abnormal behaviour of the cells cannot be explained without believing in the miasmatic concept. Similarly, the hypothesis of neuro-chemical factor cannot be explained unless we believe in the existence of some abnormal stimulus in the system. Similarly, the theory of melanin precursor cannot be explained unless we believe in the existence of some abnormal stimulus in the melanocytes eliminating the melanin precursors. If this is not true, why then the normal melanocytes are destroyed without any reason instead of being utilized for normal colouration of the skin? Thus, we see that the miasmatic concept of all the chronic

diseases is the only answer of all problems related to obstinate and so called incurable organic chronic diseases.

#### **Miasmatic Diagnosis:**

Complete absence or diminution of melanocytes from the very birth is due to syphilitic miasmatic state and requires antisyphilitic medicines for cure. Cases where the function of the melanocytes is defective resulting in relative melanin deficiency is due to sycotic miasmatic state as it represents a state of in coordination. Secondary depigmentation during the course of an illness may be due to Psora or Sycosis or Syphilis or a combination of two or three of them. This can easily be elicited from the past history, personal history - and family history of the patient.

#### **Plan of Treatment**

Whatever may be the nature and type of Leukoderma, we must first of all, try to ascertain the miasmatic background of the patient. Once this is done the major problem is over. The next step is to select a medicine which covers the constitutional totality of the patient including the miasmatic background. At the same time we must take care of the environmental or precipitating factors. Unless the exciting factors are properly dealt with, no cure, in the truest sense of the term, is possible in spite of proper antimiasmatic treatment. The reason is obvious. The presence of these factors act as hindrance in the formation of melanocytes. Vaccinosis, fixed miasmatic states in the past and abuse of drugs must be antidoted as and when" necessary during the course of antimiasmatic treatment. Frequently, a change in the plan of treatment is necessary to effect a complete cure (e.g. antisyphilitic treatment followed by antipsoric or antipsychotic as the case may be followed again by antisyphilitic and so on) In this way a prolonged course of treatment (may even be for years together) is absolutely necessary.

Any attempt to remove the patches of vitiligo by symptomatic medicine is bound to be futile as far as I understand it Probably this is the reason why we fail in Homoeopathy to cure such cases.

It is also no less important to make care of diet and other hygienic precautions. Lemon, sour and citric acid containing food stuffs are to be avoided as they may act as hindrance in the way of cure. My personal experience led me to believe that avoidance of meat may expedite cure though the reason is not yet clear to me. Use of cosmetics (especially the use of lipstick, vermilion etc.) is to be avoided or restricted as a routine.

The patient must be assured that the disease is not at all incurable and not infectious or contagious. Otherwise, persistent mental anxieties and worries due to wrong conception of the disease will doubtlessly act as an impediment in the way of cure Hence the patient should be assured that the disease is not a sin and there is nothing to be ashamed of. From homoeopathic view point these cases are never to be treated with local medicines because that will lead to suppression and, consequently, destruction of some of the vital organs.

#### **Potency and Repetition of the selected drug**

LM potencies yield best results in such cases as there is less chance of aggravation and they may be repeated safely for a fairly long period of time. I like to assure here that such cases require frequent repetition to initiate quick melanocytes formation. It is better to start with 0/1 or 0/2 and gradually to go higher upto 0/30, if necessary. If the patient is not cured even after 0/30, we may safely use centesimal at this stage without least fear of new development of depigmented spots. Those who use centesimal potency are requested not to repeat so many doses at time especially in the beginning. Once the medicine starts acting favourably without producing any new depigmented spot the physician is at liberty to use the drug much more frequently because it is already said that frequent stimuli are necessary to bring back the abnormally behaving melanocytes into order or to initiate formation of new melanocytes.

#### **Follow Up**

We must not expect a dramatic result in such cases and as such keen observation and penetrating perception -are absolutely necessary to understand whether the patient is improving or not. Any mistake on our part to have a correct follows up of the case and making a judicious second

prescription may spoil the case and the physician may not find any way out than to leave the patient uncured, rather very often in an aggravated condition.

The signs of improvement in such cases are as follows:

1. A change in the smooth feeling of the patches.
2. A change in the silvery colour in the form of redness or brown or black pigment.
3. A change in the margin in the form of disappearance of sharpness,
4. A general feeling of well-being.
5. A change in the emotional sphere in the form of increased confidence and less worries.
6. A change in the colour of grey hair.
7. A change in the form of itching and sweating on the affected parts which were previously devoid of them.
8. A change in general health, appetite, sleep etc.

*A word of Caution:*

We must not be afraid of a few newly depigmented areas during the course of treatment because these may occur due to the action of well indicated medicine and should be considered as a favourable sign instead of considering it a bad sign provided the old spots must, at the same time, show some signs of improvement as mentioned above or the patient as a whole feels better.

Illustrative cases:

**Case No. I:**

A girl aged ten years was brought for treatment on 22.4.85. She had vitiligo patches on vulva and labial lips on both sides. All her vitiligo spots have disappeared completely within one year.

*Complaints as on 22.4.85:*

1. Vitiligo on private parts only as stated above.
2. Car-sickness—she used to have nausea, vertigo and occasionally vomiting on her journey by any car but not while traveling on train.
3. Pain in both legs especially the right; usually aggravates at night and ameliorates by hard pressure and tight bandaging.
4. Stool very hard and offensive.

*History of onset of Vitiligo:*

The girl used to suffer from itching of the vulva prior to the onset of vitiligo. But after the manifestation of vitiligo spots, there was no more any itching or uneasy sensation.

*Past history:*

1. Measles in childhood.
2. Susceptibility to catch cold easily since childhood.

*Family history:*

1. Hypertension — Father.
2. Leukoderma—Aunt.
3. Car-sickness—Mother.

*Generalities:*

1. Hot patient—always prefers cold even in winter.
2. Appetite—poor, but can not wait for food if feels hungry.
3. Desires—sweet, sour, fried and fatty food, meat, cold food and drinks.
4. Aversion—milk,
5. Thirst—scanty.
6. Sweat—profuse especially on face and head; feels uneasy after sweating.
7. Dream of snakes.
8. Fear of ghosts.

9. Mind: mild, gentle, tearful disposition; depressed. forgetful and introvert.

*Findings:*

1. Vitiligo as already mentioned.
2. Tongue—dry with yellow coating.

*Treatment:*

First prescription on 22.4.85-

**Petroleum** 200, 1 m.

One dose of each potency- to be taken on two consecutive mornings.

Follow up:

30.5.85-Car sickness relieved, otherwise unchanged. Placebo.

5.7.85-Car-sickness further ameliorated: constipation-improved; vitiligo unchanged.

**Petroleum** 10m/one dose only.

31.8.85-Symptomatically improving but feeling weak and mother complaining of her lack of energy in everything.

**Sulphur** 0/2/8 doses. One dose to be taken every 4th day.

16.11.85-No report was available till today as she did not turn up in the meantime. Her

Vitiligo patches disappeared to about 50%; no improvement in the general health;

no other complaints.

**Morbillinum** 200, 1m; one dose of each potency-to be taken on two consecutive mornings.

24.1.86—Vitiligo 80% disappeared: no other complaints, but general health unchanged—

Weight 27 kg.

**Bacillinum** Im/one dose only.

18.3.86—Vitiligo disappeared; weight increased by 2 kg, but patient still complaining of

occasional lack of energy.

**Placebo.**

### Case No II

A young man of twenty-three years came for consultation of his Vitiligo on palms and soles lasting for about six years and occasional bleeding piles. After four years of treatment, he is now almost cured.

*Complaints as on 29 8.81:*

1. Vitiligo as stated above.
2. Occasional bleeding from rectum (piles) following repeated attacks of diarrhoea and dysentery in childhood as the patient reports.

*Past history:*

1. Severe attack of Typhoid at the age of 16 years. Since then becoming fatty day by day. He was very lean and thin since childhood till the attack of Typhoid.
2. History of repeated vaccination.
3. History of repeated attacks of Tonsillitis.

*Family history:*

1. Spondylosis, Hypertension and Diabetes Mellitus— father.
2. Rheumatism—grandfather.

3. Bronchial asthma—maternal grandfather.
4. Suicide—maternal uncle.

1. B.P. 150/80 mm. of Hg.
2. Pulse—100 per minute.

3. Visible pulsation on neck.
4. Multiple moles all over body

*Generalities:*

1. Hot patient.
2. Thirst—moderate.
3. Easily catches cold.
4. Sweat + + on face—feels uneasy after sweating.
5. Desire – sweet & milk.
6. Urine- slightly offensive; occasionally burning after urination.
7. Mind—fear of snakes, thunderstorm; darkness; fearful in general; quiet and gentle in nature < desires to be alone; slow in habit; fastidious.

*Treatment:*

First prescription on 29.8.81.  
 Aurum Met. 0/2/8 doses.  
 One dose to be taken every 4th day.

*Follow up:*

27.9.81—Unchanged. **Aurum Met.** 0/5/8 doses.

5.11.81—General feeling of well being; no other changes. **Aurum Met.** 0/10/8 doses.

14.12.81-Feeling better in all respects; Vitiligo seem improving; B P. 145/80 mm.Hg.

**Aurum Met.** 0/12/8 doses.

22.2.82- B.P. 140/80 mm. Hg.; Vitiligo improving satisfactorily.

**Aurum Met.** 0/15/8 doses.

6.5.82—Standstill condition of vitiligo; B.P. 136/76 mm. Hg.

**Thuja occ.** 0/2/16 doses.

One dose to be taken every alternate day.

28.6.82-B.P. 130/80 mm. Hg.; improving in all respects.

**Thuja occ.** 0/5/16 doses.

2.12.82—The patient had been improving steadily with successive higher potencies

of **Thuja occ.** in 50 Millesimal scale; today complaining of occasional bleeding per rectum with splinter like pain.

**Acid Nit.** 0/1 and 0/2, eight doses of each potency; to be taken every alternate day one after another.

19.3.83-Took allopathic medicines for acute troubles; no more bleeding from rectum ; B.P. 160/90 mm. Hg.

**Kali Iod** 0/5, 0/6 16 doses of each potency; to be taken once daily one after another.

2.5.83—B P. unchanged; standstill condition. **Carcinosin** 200/one dose.

31.7.83—B.P. 140/80 mm. /Hg; Vitiligo improving but one new spot has appeared on neck. **Carcinosin** 1m/one dose.

19.10. 83—Standstill condition for one month following progressive improvement after Carcinosin, B.P. unchanged.

**Kali Iod** 0/10/8 doses.

9.2.84—Scaling and burning of Palms aggravated. B. P. 130/80mm./Hg; Vitiligo standstill. **Sulphur** 0/2/8 doses.

- 11.9.84—The patient had been progressively improving after **Sulphur** in successive higher (50 Millesimal) potencies given upto 0/10 0/12/8 doses.
- 20.11.84—Pin pricking sensation on palms; Improvement in Vitiligo checked; occasional bleeding from piles, **Agaricus M.** 0/5/12 doses.
- 28.2.85—Vitiligo nicely improving; only once had bleeding from piles in the meantime. **Agaricus M.** 1m/one dose.
- 28.5.85—No further improvement; bleeding from piles aggravated for last one month. B. P. 140/80 mm./Hg.  
**Syphilinum** 10 M. /one dose.
7. 9. 85—No complaints ; B. P. 130/80 mm. Hg. ; Vitiligo progressively improving towards normalcy; no bleeding from piles.  
**Syphilinum** 10m/one dose. Repeated with 10 succussions.
- 18.2.86—B. P. 126/76 mm. Hg. Vitiligo almost disappeared; no bleeding from piles. **Syphilinum** 50m/one dose.

### Case No. III

A girl aged 14 years started developing Vitiligo spots on face at the age of 4-5 years and by the time she was brought to me, different parts of face including eye-lids as also fingers were involved. She is under treatment since 26.6.78 with a break for one year as the party had to leave the station during that period. She may now be considered as almost cured though I have advised them to continue treatment for sometime more to avoid any possibility of relapse.

*Complaints as on 26.6. 78:*

1. Vitiligo spots on face, eyelids and fingers.
2. Burning towards the end of micturition for 5 years urine scanty and high coloured.
3. Falling of hair.
4. Occasional pain in both the hypochondria for 6-7 years >S by lying on painful side ; <S after evening.

*Past history:*

1. Became unconscious with high rise of temperature at the age of 4 months and was hospitalized (Viral infection?)
2. Severe attack of measles at the age of 3 years followed by -
3. Whooping cough.
4. Chicken pox at the age of 4 years. Reacts severely after vaccination and inoculation-may even become unconscious.

*Family history:*

Pulmonary tuberculosis-paternal side.  
Rheumatism—maternal side.

*Generalities:*

1. Hot patient.
2. Desires-Chimes, cold food and drinks and fat
3. Aversion-Milk, eggs, and bread.
4. Dream of snakes and dead bodies.
5. Sweat and thirst scanty.
6. Mind-Irritable, aggressive; consolation aggravates; can not bear contradiction; obstinate; slow in habit; desire to wash hands and face frequently ; likes to watch thunderstorm and lightning ; fear of cockroaches, dogs and snakes.

*Treatment:*

First prescription on 26.6.78

**Morbillinum** 200/2 doses.

*Follow up:*

10.7.78 —Unchanged. **Pertussin** 1m/one dose.

22.8.78—Vitiligo aggravated; new spots appearing on face.  
**Syphilinum** 1m/one dose.

18.9.78—Spots seem fading in colour.  
**Syphilinum** 10m/one dose.

.31.12.78—Improvement checked; Susceptibility to cold  
aggravated. **Tuberculinum** 1m/one dose.

25.3.79-Vitiligo unchanged. **Thuja occ.** 1m/one dose.

19.6. 79— Unchanged. **Causticum** 1m/one dose.

12.10.79 Vitiligo spots fading in colour, but falling of hair  
markedly aggravated. **Aurum Met.** 10 m/one dose.

26.1.80—Unchanged. **Medorrhinum** 10m/one dose.

23.6.80—Susceptibility to cold aggravated; Acne appearing  
on face. **Bacillinum** 0/5/4 doses.  
One dose to be taken every week.

10.1.81—She was improving in all respects but recently one new Vitiligo  
spot has appeared on right middle finger.  
**Acid fluor.** 0/2/8 doses.  
One dose to be taken every 4th days.

9.4.81-Spots fading in colour. **Acid fluor** 0/4/8 doses.

20.5.81—Unchanged. **Thuja occ.** 0/1/16 doses.  
One dose to be taken every alternate day.

- 20.7.81— Vitiligo much better; pigments appearing on the spots. **Thuja occ.** 0/2/16 doses.
- 6 4.82—Up to this time, **Thuja** was given in successive higher potencies upto 0/12 with progressive improvement; recently complaining of vague pain in abdomen with no definite modalities. **Pulsatilla** 0/2/12 doses.
- 15.7.82—Falling of hair aggravated; Vitiligo unchanged. **Syphilinum** 10m/one dose.
- 23.2.83—Vitiligo improving quite satisfactorily but allergic rashes appearing with unbearable itching. **Thyrodinum** 0/3, 0/5, eight doses of each potency. One dose to be taken every alternate days one after another.
- 7.12.83—She had been steadily improving till one month back with successive higher potencies of **Thyrodinum**; condition standstill for last one month. **Syphilinum** 10m/one dose. To be taken after giving 10 succussions to the phial.
- 20 3 84—Few Vitiligo spots completely disappeared; others having pigment on them falling of hair aggravated recently. **Syphilinum** 10m/one dose. To be taken after giving 20 succussions to the phial.
- 3.7.84-Standstill condition after progressive improvement for about 2 months. **Syphilinum** 10m/one dose. To be taken after giving 30 succussions to the phial.
- 25.5.85-Discontinued treatment for reason stated before; all Vitiligo spots have disappeared in the meantime: excepting one below the angle of mouth on the right side. **Calc. Sulph** 0/5/8 doses.
- 5 P 85—She was on Calc. Sulph in successive higher (50 Millesimal Potencies upto 0/20; Vitiligo disappeared but recently falling of hair aggravated again.

**Syphilinum** 10m/one dose.

To be taken after giving 40 succussions to the phial.

N.B.-The patient was attacked with depigmented patches on her face from the very beginning which I have-rarely seen in my practice. Generally the face gets affected last of all. However, this case proves that repeated change in the plan of treatment was necessary to initiate the melanocytes to function normally. This is the reason why such a long period of time was required to have the desired result in this case.

#### **Case No. IV**

A male patient aged about 75 years came on 6.3.85 for treatment of diffuse Vitiligo all over his body from head to foot. He first noticed the depigmentation only six months back which rapidly developed and scattered all over during the course of six months only.

He did not have any treatment for this trouble and decided to try Homoeopathy for the first time in his life. Beyond all expectations, his vitiligo patches disappeared to about 75% within only three months of treatment. But curiously enough, the patient did not turn up any more after that.

The case was as follows on 6.3 85:

1. Depigmented patches all over as already said.
- 2 Pain in both knee joints for last 7/8 years. Pain first started in left knee jt. and subsequently the right was also affected for last 3 years; Pain used to aggravate while walking and ameliorates while sitting.
3. Partial deafness for three years.

*Past History:*

History of repeated attacks of Malaria and use of quinine ; last attack 7 months back after one month of which vitiligo started developing. This was the only history obtained from the patient.

*Generalities:*

1. Chilly patient.
2. Profuse sweat all over; feels better after sweating.
3. Appetite good; can not wait for food.
4. Desires; Salty dishes; milk and warm food.
5. Aversion: Sweet and sour. '
6. Mind: Easily gets irritated but cools down soon.

*Treatment:*

**Chininum Sulph** 200 1m/one dose each, to be taken on two consecutive mornings.

*Follow up:*

28.3.85-Pain in joints >d; vitiligo improving-pigmentation appearing on the spots. **Placebo.**

10.5.85-Vitiligo wonderfully improving; joint pain further ameliorated.  
**Chininum Sulph** 10 m/one dose only.

14.6.85—Vitiligo 75% disappeared.  
**Placebo.**

19.7.85-New small spots of vitiligo appearing ; old spots disappearing  
**Placebo.**

The patient did not turn up after this and hence an interesting case misses final conclusion. But the result obtained within this short period of time was fascinating and this proves once again that there is no scope of any specific medicine in Homoeopathy for any disease. The exciting, maintaining and the

fundamental causes along with the symptom totality determine the selection of medicine in any given case.

### Case No. V

A male patient aged about 60 years suffering from diffuse vitiligo all over the body for about 12 years came for consultation on 23.2.85. He had also high blood sugar for about six months before he came for Homoeopathic treatment and was already on antidiabetic tablets till then. His vitiligo has improved unexpectedly to a great extent within one year of treatment but blood sugar is not yet fully normal.

#### *Complaints and findings as on 23.2.85*

1. Vitiligo all over the body for 12 years 5 first appeared on right index finger, then gradually spreaded to back, leg, abdomen and lastly face.
2. Occasional itching over the affected areas which <s in summer.
3. Acidity with heartburn for 6 months <s by rich, spicy food.
4. Hyperglycemia—detected 6 months back. Now blood sugar normal with regular use of antidiabetic tablets.

#### *Past history:*

1. Kala-azar in childhood.
2. Susceptibility to catch cold in childhood.
3. Chronic amoebiasis—took emetine injection long before.

#### *Personal history:*

1. Addiction to zarda.

#### *Generalities:*

1. Hot Patient.
2. Thirst Scanty.
3. Desire—pulses and sweets,
4. Aversion—onions, garlic, fish, meat and eggs.
5. Stool—not satisfactory; semisolid.

6. Sweat— ++ in covered parts.
7. Dream of business (business man)
8. Mind—quiet, gentle, a bit dull than average.
9. Fat, fair, flabby physical appearance.

*Findings:*

1. B. P. 160/100 mm./Hg.
2. Fasting blood sugar 135 mgm% ; lastly 65 mgm% two months back.

*Treatment:*

First prescription on 2312/85:

Emetine H, 2C/4 doses. One dose to be taken every week.

*Follow up:*

- 27 3.85—Vitiligo spots fading; but itching aggravated.  
**Sulphur** 0/2/8 doses. One dose to be taken every 4th days.
- 27.4.85—Both vitiligo and itching ameliorated ;  
**Sulphur** 0/5/8 doses.
- 22.6.85— Vitiligo improving nicely, but itching unchanged  
 with erythematous rashes appearing on abdomen; B. P. 150/100  
 mm/Hg. **Sulphur** 0/10/4 doses. Double dilution.
- 23.7.85—Itching unchanged; P.P.B.S. 164 mgm% ;  
**Carbon Sulph** 2c, 1m; one dose each.  
 To be taken on two consecutive mornings.
- 28.8.35— P.P.B S. 108 mgm% ; improving in all respects ;  
**Carbon Sulph** 1m; One dose with 10 succussions
- 9.11 85—Vitiligo improving; skin eruptions appearing in different parts;  
**Chininum Sulph** 2c, 1m/One dose each.

To be taken on two consecutive mornings.

10.12.85—Improving in all respects. B.P. 110/70 mm. /Hg;  
Last P.P.B.S. 164 mgm%.  
Placebo.

13.1.86—Vitiligo improving; Eruptions standstill.  
**Chininum Sulph** 1m/two doses.  
To be taken on two consecutive mornings.

21.4.86—Very nice improvement of vitiligo; skin eruptions-  
<d; B.P. 11G/70 mm. Hg, P.P.B.S. 164 mgm%.  
**Syphilinum** 10 m/One dose only.

### Case No. VI.

A boy aged 11 years was brought on 13. 3.76 for extensive vitiligo affecting whole body. More than 3/4th of the whole skin was affected and after 10 years of treatment the patient at present is having vitiligo spots on legs only. He may require some more time to be completely cured but in fact when his-treatment was started I never thought of a cure at all by any length of time.

The boy used to suffer from frequent attacks of cold, cough and dyspnoea in childhood. He was all along under allopathic treatment and finally got rid of his respiratory troubles. Then he started developing vitiligo which first started in legs and then spread upwards affecting almost each and every part of the body. His family history revealed tuberculosis {maternal side) and piles (both paternal and maternal side.)

His generalities were as follows on 13.3.76:

1. Hot patient.
2. Sweat ++ especially on head from slightest exertion and during sleep.
3. Desire for sweets, warm food and fish.
4. Salivation during sleep.
5. Profuse thirst.

6. Delayed healing of wound.
7. Urine: strongly offensive.
8. Mind: Irritable, nervous, fearful and great fear of dogs.

*Treatment:*

His first prescription was X-ray 200 two doses on 13.3.76 to be taken on two consecutive mornings in empty stomach. Thereafter during the long period of 10 years, many medicines were given changing the plan of treatment as and when necessary. But the medicines which have brought the patient on the way of cure are **X-ray, Thuja Occ, Acid Nit. Bacillinum** and **Psorinum**. Detailed description of ten years treatment requires few more pages which is probably not desirable in this small booklet.

### **Case No VII.**

A girl aged 7 years was brought to me for treatment of vitiligo on 8.6.85. She had been steadily improving with a single medicine only.

*Complaints as on 8.6.85:*

1. Vitiligo in spots over left arm and left scapular region since one year of age. (She suffered from scalp eruption after birth which was treated with Homoeopathic medicines; scalp eruption disappeared but vitiligo started appearing within one year).
2. Frontal headache for last few months especially on left side <s evening hours and on exertion.
3. Tingling sensation on toes of right leg for few months >s flexing the toes.
4. Occasional backache—has to stand up intermittently while sitting due to pain.

*Past History:*

1. Eruptions on scalp after birth.
2. Two attacks of hepatitis with signs of Jaundice—age not mentioned.
3. She was given Ars. Sulph. flav. for a long time by local Homoeopath for the present complaints.

*Family History;*

1. Bronchial asthma and cancer (maternal side).
2. Bronchial asthma, Diabetes mellitus, Beriberi, Cancer and Rheumatism (paternal side).

*Generalities:*

1. Hot patient.
2. Anorexia ++
3. Desires: Sweets, sour, fish, cold food and drinks.
4. Aversion: Bread, meat.
5. Intolerance—Bread.
6. Sweat++ especially on head; back, Palms and Soles; feels uneasy after sweating.
7. Salivation + during sleep.
8. Stool: Frequently suffers from dysenteric syndrome with mucoid stool and tenesmus.
9. Mind: Quiet but restless; fond of music.
10. Fears to be alone 5 fear of thunderstorm.

*Treatment:*

Kali Iod 0/5 to 0/20 was given since 8.6.85 to 2.2.86 with steady and progressive improvement.

**Case No. VIII.**

A boy aged 5 years was brought on 29.7.83 for treatment of vitiligo on lips, palms and soles. Those spots were progressively increasing. The first spot appeared on lips about 4-5 months back,

*Complaints as on 29.7.83:*

1. Vitiligo—as mentioned
2. 3-4 loose motions daily; whitish, offensive stool more-in the morning.  
Duration: 3-4 months.
3. Anorexia++ 2/3 months.
4. Progressive loss of weight s eyes sunken with bluish discolouration below Eyes.

*Past History:*

1. The child was born as a twin baby. The elder one is-comparatively healthy. This child is sickly since birth. Birth, All mile stones of development were delayed.
2. Measles—at 2 years of age.
3. Skin eruptions at 1 year of age >d by external-application.
4. All immunization completed.

*Family History:*

Diabetes mellitus (paternal side).  
Bronchial asthma (Maternal side)

*Generalities:*

1. Chilly patient.
2. Sweat scanty.
3. Thirst + +.
4. Desires: Sweets, meat, raw onions, warm food.
5. Intolerance to fried items, cause diarrhoea.
6. Talks during sleep,
7. Very timid hasty eating; fond of music.

*Treatment:*

First Prescription on 29.7.83 was Acid phos 200/two-doses, to be taken morning and evening the same day.

This was followed by Acid phos 1m/one dose only on 2.9 83.

This resulted in remarkable improvement in his general health; Diarrhoea stopped and appetite returned to almost normal. The other medicines which helped him much in the way of cure are: Silicea, Sulphur, Psorinum and Syphilinum.

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