

# LONG-TERM HOMEOPATHIC MANAGEMENT OF CHILDHOOD VITILIGO: A CASE REPORT

**Dr. JAYALEKSHMY S PROFESSOR**  
ANSS HOMOEOPATHIC MEDICAL COLLEGE  
dr.jayalekshmi.jbabu@gmail.com DR. JAISREE PG  
ASSOCIATE PROFESSOR  
ANSS HOMOEOPATHIC MEDICAL COLLEGE  
jaisreepg67@gmail.com

Prepared using the CARE case-report framework and HOM-CASE homeopathy-specific reporting guidance.

## Abstract

**Background:** Childhood vitiligo is an acquired depigmenting disorder that may have substantial psychosocial consequences, particularly when visible areas such as the face and neck are involved.

**Case presentation:** A 10-year-old girl presented on 21 October 2021 with hypopigmented patches over the face and neck of approximately 5–6 months' duration. The first lesion had appeared on the left cheek, followed by lesions on the forehead, infraorbital region, lips and neck. Whitening of hair at the involved sites was also reported. She had previously received conventional treatment for approximately 4–5 months without reported improvement. Her past history included alopecia areata at 8 years of age, reportedly relieved with conventional treatment. General examination was unremarkable. Individualizing features recorded during homeopathic case-taking included mild fear of thunderstorms, desire for fish and spicy foods, aversion to milk and boiled egg, profuse scalp sweating, preference for cold air/fanning and a hot thermal state. The provisional diagnosis recorded was vitiligo. Repertorial analysis was followed by individualized homeopathic prescribing. Natrum muriaticum 1M was prescribed initially, followed by Silicea 10M during subsequent follow-up, with Arsenicum sulphuratum flavum 3X and other preparations as recorded. Long-term follow-up continued through September 2025. During follow-up, alopecia areata reportedly recurred and was treated with conventional medication. On 18 September 2025, the record documented that hypopigmentation had almost reduced.

**Conclusion:** This case documents the long-term clinical course of a child with facial and cervical vitiligo during individualized homeopathic care. The reported improvement is clinically noteworthy but cannot establish treatment efficacy because this is an uncontrolled single case, objective repigmentation measures were not documented, and more than one intervention was used over time.

**Keywords:** vitiligo; childhood vitiligo; hypopigmentation; homeopathy; Natrum muriaticum; Silicea; case report

## Introduction

Vitiligo is an acquired depigmenting skin disorder characterized by loss of functional melanocytes. Childhood-onset disease is clinically important because visible lesions may affect psychosocial well-being during a period of social and psychological development.[1,2] Current international

recommendations emphasize confirmation of diagnosis, assessment of disease extent and activity, consideration of associated conditions, and individualized long-term management.[3]

The present report describes a 10-year-old girl with progressive facial and cervical hypopigmentation clinically recorded as vitiligo, with associated whitening of hair at involved sites and a previous history of alopecia areata. The case is presented according to the CARE case-report framework, with additional attention to homeopathy-specific reporting elements recommended by HOM-CASE.[4,5]

## Case Presentation Patient information

A 10-year-old girl presented on 21 October 2021 with hypopigmented patches over the face and neck for approximately 5–6 months. The case record states that the initial lesion developed on the left cheek approximately six

months before presentation. She had received conventional treatment for 4–5 months without reported relief. Subsequently, patches appeared on the forehead, below the eyes, lips and neck. Whitening of hair at the sites of hypopigmentation was also reported.

### Past and family history

The patient had a history of alopecia areata at 8 years of age, for which she had received conventional treatment with reported relief. Her father, mother and two sisters were reported to have no similar complaint.

### Personal and developmental history

She was a student and was reported to be non-vegetarian. Sleep and appetite were good. She had a desire for spicy foods and fish and an aversion to boiled egg and milk. Stool and urine were reported as normal. Sweating was profuse, particularly over the head. She preferred cold air and fanning and was described in the case record as thermally hot.

She was born at the ninth month of gestation by Caesarean section. The record states that she was born three years after tubectomy and that developmental milestones were normal.

### General and mental examination

General examination documented absence of pallor, icterus, clubbing, cyanosis, lymphadenopathy and oedema. A mild fear of thunderstorms was recorded. Singing was reported as a hobby.

### Diagnostic assessment

The provisional diagnosis documented in the original clinical record was vitiligo.

### Homeopathic case analysis

The recorded repertorial analysis included: skin—vitiligo; mind—fear of thunderstorms; generalities—desire for fish; generalities—aversion to milk; generalities—warm aggravation/hot patient; perspiration—profuse; generalities—left-sided complaints; and head—perspiration of scalp.

The repertorial result listed Natrum muriaticum as the leading remedy (13/7), followed by Phosphorus (9/6), Bryonia (9/4), Sepia (8/5), Antimonium tartaricum (8/4), Calcarea (8/4), Pulsatilla (8/4), Sulphur (8/4), Veratrum album (8/4), Nitric acid (7/6), Lac caninum (7/5), and Lachesis (7/5).

### Therapeutic intervention

| Date        | Intervention                    | Dose / regimen as recorded                                |
|-------------|---------------------------------|-----------------------------------------------------------|
| 21 Oct 2021 | Natrum muriaticum 1M            | 2 doses, night and morning                                |
| 21 Oct 2021 | Arsenicum sulphuratum flavum 3X | 1 ounce; 3-3-3                                            |
| 21 Oct 2021 | Silicea 0/3                     | 7 doses on alternate days; 0-0-1                          |
| 21 Oct 2021 | Rubrum pills                    | 0-0-4                                                     |
| 27 Jan 2022 | Silicea 10M                     | 2 doses, night and morning                                |
| 27 Jan 2022 | Arsenicum sulphuratum flavum 3X | 1 ounce; 3-3-3                                            |
| 27 Jan 2022 | Rubrum pills                    | 0-0-4                                                     |
| 2022–2025   | Silicea 10M                     | Reportedly continued every 3 months for 3 years           |
| 2022–2025   | Arsenicum sulphuratum flavum 3X | Reportedly continued; exact regimen not further specified |
| 22 Feb 2025 | Lycopodium 10M                  | 1 dose by the 'plussing method'                           |

### Follow-up and outcomes

Clinical photographs in the supplied record document the appearance of the facial lesions at baseline and during subsequent follow-up. The baseline photograph shows prominent depigmented/hypopigmented areas involving the central and left side of the face. Subsequent photographs show progressive reduction in the visually apparent extent of hypopigmentation. The record states that on the last

documented visit, 18 September 2025, the hypopigmentation was 'almost reduced.'

## Timeline

### Date / period Clinical event

~April–May 2021 Initial hypopigmented patch appeared on the left cheek.

Before 21 Oct 2021 Lesions progressed to forehead, infraorbital region, lips and neck; whitening of hair at involved sites was reported.

21 Oct 2021 Initial consultation; provisional diagnosis of vitiligo; initial homeopathic prescription. 27 Jan 2022 Silicea 10M prescribed with Arsenicum sulphuratum flavum 3X and Rubrum pills.

2022–2025 Silicea 10M reportedly continued every 3 months for 3 years with Arsenicum sulphuratum flavum 3X.

Later follow-up Alopecia areata reportedly recurred and was treated with conventional medication. 22 Feb 2025 Lycopodium 10M, one dose by the 'plussing method'.

18 Sep 2025 Hypopigmentation reported as almost reduced.

## Discussion

This case concerns childhood-onset facial and cervical depigmentation clinically recorded as vitiligo. Childhood vitiligo can present at a young age and may have substantial psychosocial consequences because facial lesions are highly visible.[1,2]

The patient's previous history of alopecia areata is also noteworthy. A 2023 systematic review and meta-analysis found an increased association between vitiligo and alopecia areata, although such population-level association does not establish causality in an individual patient.[6] In this case, alopecia areata preceded the documented onset of facial depigmentation and later reportedly recurred during follow-up.

The homeopathic management was individualized using symptoms recorded during case-taking and repertorial analysis. Natrum muriaticum was the highest-ranked remedy in the repertorial analysis, and the initial prescription included Natrum muriaticum 1M. Subsequent management predominantly involved Silicea 10M, with Arsenicum sulphuratum flavum 3X and other preparations. The later prescription of Lycopodium 10M occurred after the reported recurrence of alopecia areata.

The prolonged follow-up and availability of serial clinical photographs are strengths of this report. The record provides a detailed account of the presenting symptoms, individualizing symptoms, prescriptions and broad clinical outcome. These features are consistent with the additional reporting domains recommended for homeopathic case reports, including detailed description of the homeopathic approach, medication, dosing, outcomes, adverse events and consideration of possible causal attribution.[

From a reporting perspective, the case illustrates the value of combining the general CARE framework with homeopathy-specific reporting guidance. CARE promotes completeness and transparency in case reports, while HOM-CASE adds elements particularly relevant to individualized homeopathic prescribing and assessment of possible causal attribution.

## Informed Consent

Written informed consent for publication of this case report and the accompanying clinical photographs was obtained from the patient's parents/legal guardians.

## Ethics Approval

Ethics approval: Not required for this single case report according to the authors' institutional requirements.

## Author Contributions

The author conceived and designed the case report, provided clinical management, collected and interpreted the clinical

information, reviewed the literature, drafted and critically revised the manuscript, and approved the final version for publication.

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## Conflicts of Interest

The author declares no conflicts of interest related to this case report.

## Acknowledgements

None.

## Data Availability

The clinical information supporting this report is contained within the manuscript and the underlying clinical record.

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## Figure Legends

Figure 1. Facial depigmented/hypopigmented lesions at the initial presentation on 21 October 2021. Reproduced from the clinical record supplied for this case report.

Figure 2. Clinical appearance during follow-up after initiation of the documented treatment regimen. Reproduced from the clinical record.

Figure 3. Later follow-up clinical appearance demonstrating marked reduction in the visually apparent extent of facial hypopigmentation. Reproduced from the clinical record.

Figure 4. Subsequent follow-up clinical photograph as documented in the clinical record.



Figure 1



Figure 2



Figure 3



Figure – 4

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