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A CASE OF JUVENILE VITILIGO TREATED WITH INDIVIDUALIZED HOMOEOPATHIC TREATMENT: A CASE REPORT

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ABSTRACT

Vitiligo is an acquired, chronic depigmentary disorder resulting from autoimmune destruction of epidermal melanocytes, and its management in children remains challenging with conventional therapy alone. This report describes an 8-year-old girl who presented with a two-month history of a progressively enlarging, well-demarcated depigmented patch at the left corner of the mouth, associated with recurrent cracking and bleeding of the lips. Detailed case-taking revealed a strong constitutional picture: an irritable, reproach-sensitive child who was chilly, with increased thirst for cold water, offensive perspiration of the feet worse at night, painful constipation, and restless sleep with frightful dreams. Following analysis of the totality of symptoms and repertorisation using the Synthesis Repertory, Nitric Acid emerged as the leading remedy and was administered in the 200C potency. The patient was followed for an approximately 6-month, during which the lesion showed progressive repigmentation — beginning as faint marginal browning and advancing to near-complete restoration of normal skin colour — without any adverse effects. This case illustrates the potential value of individualized, totality-based homoeopathic prescribing in the management of localized paediatric vitiligo and adds to the

existing case-report literature supporting a role for homoeopathy in this condition, while underlining the need for larger, controlled studies. **Summary:** An 8-year-old girl with a two-month history of a localized depigmented patch at the left corner of her mouth and lip cracking has showed progressive repigmentation following individualized homoeopathic therapy. Following totality-based case analysis and repertorisation, **Nitric Acid 200C** was prescribed, resulting in progressive repigmentation and near-complete skin restoration.

KEYWORDS: *Vitiligo, Nitric Acid, Case Report, Perioral Depigmentation, Repertorisation, Paediatric.*

INTRODUCTION

Vitiligo is an acquired, idiopathic disorder of pigmentation characterised by well-demarcated depigmented macules and patches, caused by progressive loss of functional melanocytes from the epidermis and, at times, the hair follicles.[1] It affects approximately 0.5–2% of the world's population, without predilection for sex, and onset before the age of twelve years is reported in a substantial proportion of cases.[1] Although asymptomatic, vitiligo carries a significant psychosocial burden, particularly when lesions involve cosmetically sensitive sites such as the face and perioral region, and this burden is disproportionately felt by children and adolescents. Conventional management options — topical corticosteroids, calcineurin inhibitors, and phototherapy — show variable and often slow responses, and long-term use in children raises concerns regarding cutaneous atrophy and other adverse effects. This has prompted continued interest in complementary approaches, including individualized homoeopathy, which selects a remedy on the basis of the totality of the patient's physical, mental, and local symptoms rather than the pathological label alone. Existing case reports and small case series suggest that individualized homoeopathic treatment may be associated with repigmentation in vitiligo, although the overall quality of evidence remains limited and larger controlled studies are still awaited.[2,3,4] This report presents the case of an 8-year-old girl with perioral vitiligo who was managed with an individualized homoeopathic remedy selected through repertorisation, with the aim of illustrating the case-taking, analytical, and prescribing process, and documenting the clinical course over an approximately 6-month follow-up period.

CASE HISTORY

Patient Information

The patient (anonymised) is an 8-year-old female, Hindu by religion and Indian by nationality, currently studying in the 3rd standard and belonging to a middle-class socio-economic background. She resides in Sanganer, Jaipur, India, and first presented on 15 September 2025. She follows a vegetarian diet and has no history of habits or addictions. Her developmental milestones were attained on time, and she lives in a clean and well-ventilated home environment. Her immunisation is complete as per the recommended schedule. The patient is chilly and desires warmth. Her appetite is diminished, with an intake of approximately one chapati per meal, twice daily. Thirst is increased, with a preference for cold water. Her stools are hard, constipated, and painful, occurring once daily. Urination occurs approximately 4–5 times during the day and once at night. She experiences offensive perspiration, predominantly on the feet, which is worse at night. Her sleep is restless and is occasionally disturbed by frightful dreams. The patient presented with a white, hypopigmented patch at the left corner of the mouth extending onto the lips, which was first noticed by her parents approximately two months prior to presentation as a small pale spot and progressively increased in size thereafter. The patch was not associated with itching, scaling, or burning. The lips were dry and cracked, with occasional bleeding, and the child experienced a burning sensation while eating spicy food. There was a history of recurrent ulcers in the mouth, with no history of major illness, infection, burns, or autoimmune disease. No known family history of vitiligo or other autoimmune disorders was elicited. Mentally, the patient is irritable and gets easily offended when corrected or scolded. She is sensitive to criticism, even when slight, and tends to cry when spoken to harshly.

Clinical Findings

The patient is chilly and desires warmth. Appetite is diminished, with intake limited to approximately one chapati per meal, twice daily. Thirst is increased, with a preference for cold water. Stools are hard, constipated, and painful, occurring once daily. Urination occurs approximately 4–5 times during the day and once at night. The patient experiences offensive perspiration, predominantly on the feet, which is worse at night. Sleep is restless and is occasionally disturbed by frightful dreams.

DIAGNOSTIC ASSESSMENT

The clinical diagnosis of **vitiligo** was made based on the presence of a milky-white, sharply demarcated depigmented patch located at the perioral mucocutaneous junction, a common site of predilection for vitiligo. The clinical presentation is consistent with the autoimmune destruction of melanocytes. Differential diagnoses considered included **pityriasis alba**, which commonly occurs in children and may be associated with atopy; however, it typically presents as ill-defined, mildly scaly, and only partially hypopigmented patches, unlike the sharply demarcated, non-scaly, completely depigmented patch observed in this case. **Tinea versicolor** was also considered, but it generally presents with hypo- or hyperpigmented patches, most commonly over the trunk, accompanied by fine scaling, which was absent in this patient, and the perioral location is atypical. **Post-inflammatory hypopigmentation** was another differential diagnosis; however, this was excluded due to the absence of any preceding history of trauma, inflammation, or other skin lesions at the affected site.

Analysis of symptoms

Physical Generals	Mental Generals	Particulars
Chilly, desires warmth		
Cracked lips, occasional bleeding	Irritable	White patch at corner of mouth extending to lips (mucocutaneous junction)
Thirst increased, desires cold water	Easily offended if corrected or scolded	No scaling or raised edges
Hard, constipated, painful stool	Sensitive to criticism, even slight	Non-tender
Offensive perspiration, feet, worse at night	Cries if spoken too harshly	
Restless sleep, frightful dreams		

The clinical analysis revealed several significant physical, mental, and particular symptoms. The physical generals included a chilly patient who desires warmth, cracked lips with occasional bleeding, increased thirst with a desire for cold water, hard, constipated and painful stools, offensive perspiration of the feet that is worse at night, and restless sleep with frightful dreams. The mental generals included irritability, a tendency to become easily offended when corrected or scolded, marked sensitivity to even slight criticism, and crying when spoken to harshly. The particular symptoms consisted of a white patch at the corner of the mouth extending onto the lips at the mucocutaneous junction, with no scaling or raised edges and no tenderness.

Miasmatic Analysis[5]

Symptom	Miasmatic Background
Destruction of melanocytes at the mucocutaneous junction, with cracking, ulceration and bleeding	Syphilitic — actual tissue-level destruction, not merely functional disturbance
Gradual, progressive extension of the patch over two months	Sycotic overlay — chronicity and slow proliferative change
Restlessness, frightful/anxious dreams, marked sensitivity to reproach, irritability	Psoric — functional, hypersensitive background
Overall miasmatic assessment	Psoro-syphilitic, with syphilitic dominance — tissue destruction over a psoric base of nervous hypersensitivity

From the miasmatic perspective, the destruction of melanocytes at the mucocutaneous junction, along with cracking, ulceration, and bleeding, was considered indicative of a **syphilitic background**, representing tissue-level destruction rather than merely a functional disturbance. The gradual and progressive extension of the patch over a period of two months was interpreted as suggesting a **sycotic overlay**, reflecting chronicity and slow proliferative change. Restlessness, frightful or anxious dreams, marked sensitivity to reproach, and irritability were considered to represent a **psoric background**, associated with functional and hypersensitive tendencies. Overall, the case was assessed as **psoro-syphilitic with syphilitic dominance**, with tissue destruction occurring over a psoric base of nervous hypersensitivity and an additional sycotic tendency suggested by the slow progression of the lesion. This layered miasmatic picture was considered consistent with **Nitric Acid**, described within the homeopathic framework as a predominantly syphilitic remedy with marked psoric and sycotic traits.

Repertorial Totality

Rubrics were selected from the totality of symptoms using the Synthesis Repertory[8] and graded from 1 (minor) to 3 (strongly characteristic) for each of the leading remedies under consideration.

Rubric (Synthesis Repertory)	Nit-ac	Sil	Calc	Nat-m	Ars	Sulph	Sep
Mind – Irritability, from reproaches	2	1	1	2	2	2	2
Mind – Sensitive to reproaches / reprimands	2	2	1	3	1	1	1
Mouth – Cracked, corners of mouth	3	2	1	2	1	1	2
Skin – Discoloration, white spots	2	1	2	3	1	2	3
Stool – Constipation, with pain	3	3	2	2	1	2	2
Perspiration – Offensive, feet	3	3	3	1	1	2	1
Sleep – Dreams, frightful / anxious	2	1	2	2	3	1	1
Generalities – Chilly / agg. from cold	3	3	3	1	3	1	1
Thirst – For cold drinks, increased	2	1	2	2	1	2	1

TOTAL	**22**	**17**	**17**	**18**	**14**	**14**	**13**

Nitric Acid attained the highest repertorial total, corroborating the clinical analysis and the subsequent Materia Medica match described below.

THERAPEUTIC INTERVENTION

Selected Remedy and Justification[6,7]

Nitric Acid 200C was prescribed on 15 September 2025, 1 dose and Rubrum 30 TDS for 15 days. Nitric Acid has a well-recognised affinity for junctions of skin and mucous membrane — corners of the mouth, lips, anus, and nose — matching the exact site of this lesion, together with cracks and fissures that bleed easily and are accompanied by burning sensation.

DATE	SYMPTOM/OBSERVATION	MEDICINE & PRESCRIPTION
15.09.2025 (1st visit)	The hypopigmented patch over corner of lips, left side; no itching or scaling	Nitric Acid 200 1 dose/EMES Rubrum 30 TDS for 15days
3.10.2025	The hypopigmented patch on the left side of the lips is whitish in colour with demarcation from the surrounding areas - same as before	Rubrum 30 TDS for 15 days
19.10.2025	The area of demarcation had started filling by 30%.	Rubrum 30 TDS (4 globules) for 1 month.
22.11.2025	SQ. no adverse events reported.	Nitric Acid 200 1 dose/EMES Rubrum 30 TDS (4 globules) for 1 month.
23.12.2025	The colour of the skin lesion has changed from milky white to dirty brownish in colour. The depigmented areas have started filling up visibly but not completely. The lesion decreased by approximately 80% of the depigmented area	Rubrum 30 TDS (4 globules) for 1 month.
25.01.2026	The depigmented area on the left side has almost filled up completely. No adverse events reported.	Rubrum 30 TDS (4 globules) for 1 month.
1.03.2026	The depigmentation is completely filled. No new symptoms have appeared so far.	Rubrum 30 TDS (4 globules) For 1 month

Follow-up & Treatment Table




FIG. 1{Before} **FIG. 2** **FIG. 3** **FIG. 4**{AFTER}

DISCUSSION

This case adds to a small but growing body of case-report literature suggesting a possible role for individualized homoeopathy in the management of vitiligo. Dewan et al., in a review of homoeopathic research in vitiligo, identified Nitricum acidum among the more frequently indicated remedies across published case reports and observational studies, alongside Arsenicum album, Sulphur, and Natrum muriaticum.[3] Similarly, Mahesh et al. described repigmentation following individualized homoeopathic prescribing in a series of fourteen patients, noting that the best outcomes occurred in lesions treated early in their course.[2]

In the present case, the choice of Nitric Acid was arrived at through a structured process — careful case-taking, analysis of the totality of physical, mental, and local symptoms, miasmatic assessment, and repertorisation using the Synthesis Repertory — rather than on the basis of the diagnostic label alone. The child's strong affinity of the lesion for a mucocutaneous junction, together with her irritable and reproach-sensitive mental state, chilliness, and characteristic perspiration and stool symptoms, converged on Nitric Acid, and this was followed by a plausible clinical response over the subsequent 6 months.

This report is limited by its nature as a single, unblinded case observation without objective measures such as Wood's lamp photography, dermoscopy, or a standardized vitiligo severity score, and the observed repigmentation cannot be firmly attributed to the homoeopathic intervention rather than the natural, sometimes fluctuating, course of localized vitiligo. Nonetheless, the documented clinical course over an extended follow-up period, supported by sequential photographs, offers a useful addition to the existing literature and may inform the design of larger, controlled studies of homoeopathy in paediatric vitiligo.

CONCLUSION

An individualized homoeopathic approach, based on careful case-taking, analysis of the totality of symptoms, miasmatic assessment, and repertorisation, was associated with progressive repigmentation of a perioral vitiligo patch in an 8-year-old girl over an approximately 6-months period. While this single case cannot establish causality, it illustrates a systematic method of homoeopathic case analysis and prescribing in paediatric vitiligo and supports the case for larger, controlled studies to further evaluate this approach.

INFORMED CONSENT

Written informed consent was obtained from the patient's parent/legal guardian for publication of this case report and the accompanying clinical images, in accordance with the journal's ethical guidelines. All identifying details have been anonymised.

CONFLICT OF INTEREST: None declared.

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REFERENCES

1. Ezzedine K, Eleftheriadou V, Whitton M, van Geel N. Vitiligo. Lancet, 2015; 386(9988): 74–84.
2. Mahesh S, Mallappa M, Tsintzas D, Vithoulkas G. Homeopathic Treatment of Vitiligo: A Report of Fourteen Cases. Am J Case Rep, 2017; 18: 1276–1283.
3. Dewan D, Taneja D, Singh U, Mittal R, Khurana A. Homoeopathic research in vitiligo: Current scenario. Indian J Res Homoeopathy, 2017; 11(4): 226–236.
4. Dastagiri P, Xavier X. A successfully treated case of vitiligo with individualised homoeopathic medicine — a case report. Int J AYUSH, 2021; 10(2): 42–55.
5. Hahnemann S. Organon of Medicine. 6th ed. Boericke W, translator. New Delhi: B. Jain Publishers.
6. Boericke W. Pocket Manual of Homoeopathic Materia Medica and Repertory. New Delhi: B. Jain Publishers.
7. Allen HC. Keynotes and Characteristics with Comparisons of Some of the Leading Remedies of the Materia Medica. New Delhi: B. Jain Publishers.
8. Schroyens F. Synthesis Repertorium Homeopathicum Syntheticum. 9th ed. New Delhi: B. Jain Publishers.