Leucoderma and its Treatment

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THE Indian name for leucoderma is '*phulari*'. It is an age old malady which is world wide in distribution. It is a source of great social embarrassment particularly in dark coloured persons. Because of ignorance about the malady and the resultant prejudice and superstition, it can interfere with the normal life of a leucoderma individual. Since some light has recently been shed on the subject, and considerable improvement made in its treatment, I have selected this subject for discussion.

First of all, let me define "vitiligo". It is an acquired depigmentation with a well-defined border which is usually hyperpigmentary. Depigmentation is usually complete. It occurs in macules, patches and sheets of different sizes. Besides the loss of colour, there is no other structural change. The hair in leucoderma patches may become white. It is a progressive condition and the course is slow but enigmatic. The malady is usually bilateral but seldom symmetrical. This condition must be distinguished from leprosy, tinea vesiculor, pityriasis alba and other causes of secondary depigmentation. Lay people treat leucoderma patients as outcasts because they confuse it with leprosy.

Etiology

Exact causation is unknown. It is definitely not due to taking fish and milk together as is the impression held by some lay people. It is my observation of a few thousand cases, that the factors responsible for caution are a diet poor in proteins and cupro-minerals, gastro-intestinal disorders, 'run down' state of health, psychogenic stresses and, sometimes, endocrine disorders. Local irritation and pressure due to wearing of tight petticoats and trousers, and other trauma, do produce leucoderma in predisposed individuals.

Treatment

In the absence of a specific drug, various remedies have been tried from time to time. Special mention should be made of Ayurvedic treatment because quacks and prejudiced politicians swear by it. In vitiligo, Charaka Samdhita recommends first, purification with a laxative (figs and dried cane sugar juice) and then after the patient is well oiled, exposure to sun's rays according to the patient's capacity. A decoction of red wood fig, spinous kino, perfumed cherry and dill or palas alkali mixed with liquid concentrated cane sugar juice (*Gur*) is administered internally. Locally, psoralea semina (Bebachi seeds) in conjunction with radish seeds in cow's urine, is applied. As to prognosis, worshipful Atreya says "only a few people whose sinfulness has diminished, get cured of leucoderma." Does it not sound strange that Ayurvedic practitioners guarantee the cure of leucoderma, contrary to the teachings of their books? They also advertise that practitioners of modern medicine have no cure. Most likely the truth is that they cure one case in a thousand (may be even that was not a case of leucoderma), but to mislead the lay public, they talk and broadcast that one case, conveniently forgetting the nine hundred and ninety-nine they could not cure.

Under my direct care, I have tried several indigenous drugs on 186 vitiligo patients with the specific purpose of ascertaining their exact value. The results were very disappointing. Only one case was cured with psoralea semina seeds; some degree of improvement occurred in less than 5 per cent of the cases. No improvement was noted with Homœpathic drugs, tincture iodine and almond paint, and some Swami's medicine (alleged guaranteed cure for vitiligo).

The following treatment is one, I have used with considerable success.

1. Correction of ætiological factors on the lines mentioned.

2. Diet with plenty or bael fruit (syrup, or preserve) is helpful in chronic diarrhœa and dysentery; besides, it has a useful amount of methoxy-psoralan or related compounds. Germinating grams (rich in tyrosinase), cheese and butter milk.

3. A course of liver extract, copper, extra proteins and B complex injections and tablets.

4. After the progress of the disease has been controlled, a course of Ammi Majus—orally and locally—accompanied by irradiation with sunlight and ultra-violet light is recommended.

5. Croton oil externally followed by U.V.L. I am using croton oil and Ammi Majus paint alternately with great success and may be with complementary action. In a typical case, I advise my patients to use Ammi Majus paint at home at night and expose to sunlight in the morning. These patients attend the skin clinic twice a week when croton oil is painted on the part and the part exposed to U.V.L. cases, which were resistant before, respond much better now; repigmentation starts earlier and progresses at a more rapid pace.

With the above treatment, I get the following results:—

Control rate	— 95.1 p.c.
Improvement rate over	90.0
Considerable	— 74 p.c.

Patients with a poor nutritional state and digestion, advanced age, very old patches with white hair, and certain resistant sites like the palms, soles, wrists, waists and eyelids, show poor response to treatment.

6. Chemical tattooing with flesh coloured dyes (Conway) or epidermal grafts in intractable cases. To conceal disfigurement temporarily, I advise the use of "Cover Mark", a cosmetic.

It will be apparent from the above outlined treatment that the progress of the disease can be controlled and leucoderma patches cured, or concealed, in a large majority of patients. Modern treatment helps and holds hope for almost every leucoderma patient.