Leucoderma and its Treatment

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The Indian name for leucoderma is "phaderi". It is an age-old malady which is world-wide in distribution. It is a source of great social embarrassment, particularly in dark-colored 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 hyperpigmented. 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, lupus vescularis, pityrias is ale 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: diet poor in proteins and pro-minerals, gastrointestinal 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 Samhita recommends: forth, purification with a laxative (figs and dressed 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, spurious kino, perfumed cherry and dill or palas akali 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 Atrey 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 ninety-nine 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 3 per cent of the cases. No improvement was noted with Homeopathic drugs, tincture iodine and almond paint, and some Swami's medicine (legitimately guaranteed cure for vitiligo).

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

1. Correction of astological factors on the lines mentioned.
2. Diet with plenty of bael fruit (syrup, or preserve) is helpful in chronic diarrhoea and dysentery.
3. Besides, it has a useful amount of methoxy-pсорalan or related compounds. Germinating grains (rich in tyrosinase), cheese and butter milk.
4. A course of liver extract, copper, extra proteins and B complex injections and tablets.
5. After the progress of the disease has been controlled, a course of Ammi Majus—oral and locally—accompanied by irradiation, with sunlight and ultra-violet light is recommended.

With the above treatment, I get the following results:

Control rate — 951 p.c.
Improvement rate over 90.0
Considerable — 74 p.c.

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

6. Chemical tattooing with flesh colored dyes (Convey) 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.