

Letters to the Editor

Madam,

Clofazimine and Vitiligo

This is in reference to the latest article of Guha et al¹ and the previous communication of Punshi² in your journal regarding clofazimine in the treatment for vitiligo.

We made some observations on a group of patients and would like to share our experiences of treating vitiligo with clofazimine with other colleagues.

Twenty six patients of vitiligo irrespective of the sex and age were treated with clofazimine 100 mg. daily, for two months and then on alternate days for another three months. None of the patients had taken any other treatment for vitiligo in the recent past nor were they allowed any medication during the course of the present treatment. The lesions were randomly distributed over the exposed and covered areas of the body. Patients were not specifically instructed to expose the patches to sun, but none was advised to the contrary also. Even when sun exposure is not intentional, the working class of people cannot avoid being exposed to the tropical sun.

Only two patients showed slight evidence of repigmentation which was in perifollicular areas in some of the patches and did not proceed beyond the size of small specks. This was considered insignificant, not due to clofazimine and was perhaps a part of the natural course of the disease. There was no response at all in the other patients.

All the patients developed a peculiar brownish, pinkish and dusky hue after an average of three weeks which gradually deepened upto the end of six weeks, after which it remained stationary. All the patients developed ichthyotic lesions on the arms and legs, starting five weeks onwards which persisted till the end of the therapy and shortly afterwards also. One patient developed abdominal discomfort and diarrhoea, the drug had to be withdrawn for two weeks before restarting it on alternate days, which was tolerated till the end of three months treatment.

The colour of the skin gradually became lighter 4-6 weeks after the stoppage of therapy, but in many it was still appreciably deep even after one year. The colour was deeper in the vitiliginous areas as compared to the normal skin and was definitely more marked in the exposed areas.

We would tend to agree more with Guha et al¹ than with Punshi² and Bor³ regarding the efficacy of clofazimine in vitiligo. We can state from our experience that clofazimine has no role, whatsoever in the treatment of vitiligo, the annoying pigmentary and dry skin changes apart.

1. Guha PK, Pandey SS and Singh G: Clofazimine in Vitiligo. Indian J Derm Vener Lepr. 46:35, 1980.
2. Punshi SK : Lamprene in Vitiligo (Preliminary observation) Indian J Derm Vener Lepr, 43 : 315, 1977.
3. Bor S: Clofazimine (Lamprene) in the treatment of Vitiligo, S Afr Med J, 47 : 1451, 1973.

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BOOK REVIEW

Skin-irritant and sensitizing plants found in India, by P. N. Behl and R. M. Captain, 2nd Edn, 1979, Published by S. Chand and Company Ltd., Ram Nagar, New Delhi, pp. 186, price Rs. 250.00.

The second edition of this book has been prepared incorporating several new plants with irritating and sensitizing properties. Chemical compositions of the offending plants have been added in detail. The names of the plants in English as well as regional language have been given. The book contains many photographs which makes it easy to be understood by readers. The book will be an asset to the Dermatology departments and medical colleges as well as to consultants in dermatology and medical practitioners. The cost of the book is on the high side, but the preparation of the book and the material are excellent. The book is recommended to be used for teaching purposes as well as for reference by the practitioners.

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Madurai.