

Vitiligo Bulletin



NATIONAL
VITILIGO
FOUNDATION

The Quarterly Publication of the National Vitiligo Foundation
700 Olympic Plaza Circle, Suite 404, Tyler, TX 75701
903-595-3713 ** fax 903-593-1545
Email: info@nvfi.org

Final Membership Notice, See Page 2

Financial Limitations In Treating Vitiligo

by Florentina Ignat and
Joshua A Zeichner, MD

Up to 2% of the general population is estimated to suffer from vitiligo. (1) It is considered by most to be an autoimmune condition in which the body attacks its own pigment-producing cells in the skin. Vitiligo is disfiguring and can be socially, professionally, and psychologically damaging. Currently, most insurance companies do not cover treatments for vitiligo. From the perspective of the insurers, the condition is a cosmetic issue rather than a medical necessity. Without financial support from their insurance providers, patients may not have access to adequate treatments because they can be prohibitively expensive.

Treatment options for vitiligo may be categorized as camouflages, attempts at repigmentation, and depigmentation techniques. Techniques for camouflaging depigmented spots include heavy makeup to self-tanning agents. Patients need to reapply these products on a daily basis. Since these are over-the-counter cosmetics, they are almost never covered by health insurance companies and come directly from the patients' pocket books. The camouflages may become expensive, and can cost upwards of \$25 for a single container of a self-tanning cream.

Depigmentation therapy is uncommonly used and is a permanent treatment for patients with greater than 80% of their body involved. A depigmenting agent can remove pigment from whatever normally pigmented areas patients have and leave the skin uniformly depigmented. Full depigmentation can take between one and four years. Again, this treatment is often not covered by health insurance companies, although uphill battles have been fought to win coverage for patients.

Repigmentation is the preferred method of therapy for vitiligo. Here, depigmented patches are stimulated to produce melanin and to return to their normal color. Commonly prescribed treatments include including topical steroids, topical tacrolimus, topical calcipotriol, ultraviolet light, excimer laser, and skin grafting. (2) Hardly any of these repigmentation regimens are covered by health insurance for the treatment of vitiligo, despite their efficacy. Many of these same medicines, however, are commonly covered for other skin conditions such as psoriasis.

Phototherapy is thought to be both a modulator of the immune system as well as a direct stimulant of melanin production. (3) It is extremely expensive for patients when paying out of pocket. Ultraviolet B (UVB) or Psoralen plus Ultraviolet A

(PUVA) treatment can be used 2-4 times a week. Phototherapy centers exist at some academic medical institutions across the country. If inconvenient, patients may opt to purchase a home phototherapy unit. It is often very difficult for patients to obtain financial coverage by their insurance for phototherapy. The cost to the patient would be in range of \$6000 per year without insurance coverage.

The excimer laser has been used to stimulate melanin production in the skin. (4) It is currently unclear whether the repigmentation occurs from spots within the vitiligo patch itself or rather from migration of normal cells from the periphery into the center of the patch. Typically, the face and trunk are more responsive than the hands and feet. The cost of laser treatment may be over \$150 per session, and patients often require greater than 20 sessions. Laser treatment, while effective, is an extremely expensive treatment option for vitiligo patients, and like other therapies is not paid for by insurance.

In addition to medical treatments, surgical methods exist to treat vitiligo. Skin grafting remains a successfully method for stimulating repigmentation. Several different techniques exist, and the procedures cost several thousand dollars, depending

(Continued on page 7)

Inside this issue:

From the President	2
Final Membership Notice	
New Treatment Method	3
Breaking News	4
Eating Well	5
Animal Model for Autoimmune Vitiligo – the Smyth Line Chicken Update on Scarlet	6
5,000 Participate in Vitiligo Gene Study	7
Information Corner Pen Pal Vitadye Pseudocatalase Cosmetics and Concealers	9
Board of Directors Advisory Boards Members NVF Gifts	11
How You Can Help	12

Final Membership Notice

The National Vitiligo Foundation thanks all of you who have renewed your membership, and those who were able to give above.

This will be the last free newsletter. The NVF plans to publish four newsletters annually: Winter, Spring, Summer and Fall.

Dues must be paid by February 28, 2005 to remain on the Foundation's membership list. When supporting the NVF, we ask that you give whatever amount you can. A \$40.00 contribution is recommended. We ask that North American members add \$10 and other members add \$20 if you want to receive the newsletter by mail. More will help fund research grants. Visa © and MasterCard © are available for your donation. We hope to offer American Express ©, Discover ©, and electronic checks in the near future.

When sending in your dues, please indicate how you wish to receive the newsletter: download from the internet, email or U.S. postal. In the future, notices will be sent prior to the month your membership expires.

New Web Debut

We hope to debut our new website in February. A member log-in section will give you access to the newsletter, sponsor discounts, and the most recent research. We are working on updating our treatment and research sections. We hope to have our physicians pages updated by the end of April.

Letter From the Chairman

Hello! Is anyone out there?

1-2% I am sure everyone one who reads our newsletter knows this figure: the estimated incidence of vitiligo. In the United States alone, this translates to 3-6 million persons. Membership in the National Vitiligo Foundation has steadily grown since we started twenty years ago. Last fall we sent letters to about 8,300 members. To date we have only received responses from 430. To their credit, those 430 have contributed far beyond the basic membership level, raising \$37,000 for the Foundation. Other major donors and foundations have provided an additional \$33,000 in support. To you I offer my most heartfelt gratitude.

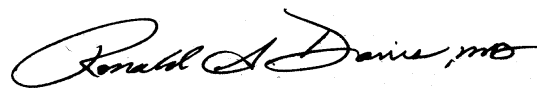


I believe that the primary support of the NVF should be from its membership: you are the reason for our existence and you are the beneficiaries of the work we do. So where are the other 7,870 of you who have not renewed your membership for 2005? And you 500 plus individuals who visit our web site each day: have you considered joining?

In this, our **20th Anniversary Year**, we have a number of plans for expanding our outreach, improving our member services and increasing our research funding. But none of this can happen unless you join or renew your membership. Remember, only with membership can you continue to receive our expanded quarterly newsletter.

Don't be left out: Join or renew today!

Sincerely,



Ronald S. Davis, M.S., M.D.
Chairman

A New and Excellent Method for Treatment of Segmental Vitiligo by Transplantation of Cultured Pure Melanocytes Suspension after Laser-Abrasion

Yu-Fu Chen, M.D.^a
Wang-Cheng Ko, M.D.^a
Pei-Yu Yang, M.S.^b
Dan-Ning Hu, M.D.^{b,c}

Vitiligo is a dermatological disease of uncertain pathogenesis that affects about 1 in every 200 people. Although the treatment of vitiligo has improved during the last decades, treatment is still not satisfactory for many patients. Currently, several medical treatments for vitiligo are available including topical corticosteroid, human placental extracts, antioxidants, laser, photochemotherapy using psoralen and UVA (PUVA), and narrow-band UVB. However, in many cases the results of medical therapies are less than satisfactory. For a patient whose vitiligo has been non-responsive to medical treatment and has been stable, surgical treatment is a viable alternative.

Currently available surgical treatments can be divided mainly into two types: those that involve cell culture technique and those that do not. Surgical treatments not involving cell culture include split thickness grafts, full-thickness punch graft, suction blister grafts and transplantation of non-cultured melanocytes-keratinocytes suspension. Although fairly good success rates ranging from 68% to 88% have been reported with these non-culture procedures, most of these procedures are limited to the treatment of small localized lesions. For extensive lesions, surgical treatment involving cell culture offers a potential solution.

At present, transplantation of cultured autologous melanocytes for treating vitiligo is at the developmental stage. Such transplantations include cultured mixed

melanocytes-keratinocytes suspension with or without carrier and cultured pure melanocytes suspension. The technique of culturing cells has the advantage of potentially treating a large depigmented area by expanding cell number from a small piece of normal pigmented skin. We have modified a procedure to grow melanocytes from a small specimen of normally pigmented skin taken from the roofs of suction blisters. These autologous cultured pure melanocytes are then planted onto the CO₂ laser-abrased vitiliginous areas.

Over a 7 year period from February 1997 to February 2004, 100 patients with stable segmental vitiligo were treated in Show Chwan Memorial Hospital, Taiwan, with autologous transplantation of cultured pure melanocytes, all of which had been stable for at least 6 months. All patients had previously received medical treatments with little or no response. All patients were followed for at least 6 months, with the longest follow-up being 7 years long. More than 85% patients obtained good to excellent outcome (90-100% repigmentation). Generally, patients with good or better results experienced repigmentation after about 2 months. Some patients experienced hyperpigmentation within the early months that lightened gradually with time and the treated area blended well with the surrounding normal area after about six months or longer.

In our experience, gender and age do not influence the outcome of transplantation significantly. This is consistent with previous reports. It has been reported that the outcome of transplantation can be influenced by the location of the lesion. Fingers, toes,

knees and elbows are the most difficult areas to repigment. The face, trunk, arms and the legs (not including the elbows and knees) respond better. Among our patients, lesions located at head, neck and trunk show better outcome than lesions located elsewhere. Lesions located at the hands, feet and elbows respond to transplantation poorly.

Generally, there are several advantages to the transplantation of cultured pure melanocytes suspension: (1) Cultivation of melanocytes can increase the cell number dramatically. Therefore, cells from a small piece of normal skin can be used to treat a large depigmented area. (2) A homogeneous skin color can be obtained. (3) Melanocytes suspension is easily prepared for transplantation and the cells suspension can be applied to the denuded area easily, even in delicate locations and irregularly shaped areas.

As compared to the transplantation of uncultured melanocytes and keratinocytes suspension, the transplantation of cultured pure melanocytes can provide more pigment cells for treatment of large le-

(Continued on page 4)

Figure legends



Fig. 1. Photograph of a female patient with segmental vitiligo. Vitiliginous area before treatment.



Fig. 2. Excellent repigmentation in the vitiliginous area a few months after transplantation

(Continued from page 3)

A New and Excellent Method for Treatment of Segmental Vitiligo by Transplantation of Cultured Pure Melanocytes Suspension after Laser-Abrasion

sions.

There are several ways used for superficial abrasion before melanocyte transplantation. Among them we prefer CO₂ laser machine as a tool for epidermal abrasion. Laser-abrasion provides easy control of the depth and evenness of the abrasion. The technique can be performed in skin areas that difficult to treat before (delicate and irregularly shaped skin areas, such as those around the eyes or nose). It provides accurate abrasion of vitiliginous areas with irregular shapes without harming the surrounding normal skin. In this series, CO₂ laser-abrasion produced excellent results and very few patients developed notable scars.

The limitations of transplantation of cultured melanocytes (as compared with the skin graft or the transplantation of uncultured keratinocytes and melanocytes) include: (1) Culture of melanocytes requires a well-equipped laboratory and skilled technicians under the supervision of an expert familiar with the methodology of culture of melanocytes. (2) Patients need to wait for several weeks to receive the treatment. However, because vitiligo is a chronic disease, most patients can accept this waiting period. (3) The method of culturing melanocytes used for treatment of vitiligo is still experimental and not approved to practical treatment in many countries.

In summary, the choice of therapy should depend on the clinical presentation of the disease (including type, severity, disease activity, location, psychosocial problems). Besides, treatment should be individualized to achieve the best possible cosmetic results. The results of our study indicate that transplantation of cultured pure melanocytes could be a viable alternative for patients with vitiligo who failed to respond to non-surgical treatment, provided that their vitiligo has been stable.

Department of Dermatology^a, Cell Culture Laboratory of the Department of Medical Research and Pigment Cell Research Center^b, Show Chwan Memorial Hospital, Changhua City, Taiwan; Tissue



Fig. 3. Photograph of another patient with segmental vitiligo. Vitiliginous area before treatment.



Fig. 4. Excellent repigmentation a few months after transplantation

Culture Center, The New York Eye and Ear Infirmary, New York Medical College^c.*

Correspondence: Yu-Fu Chen, M.D., Department of Dermatology, Show Chwan Memorial Hospital, 542, Sec. 1 Chung-Shang Road, Changhua City, Taiwan 50005, R.O.C. TEL:011-886-4-7256166 ext 1212 FAX: 011-886-4-7227116

BREAKING NEWS

An original investigation Topical tacrolimus and 308 nm excimer laser in treatment of vitiligo

By Professor Jean-Paul Ortonne,
Hospital Archet, Nice, France

Tacrolimus, a topical immunosuppressant, has been used in conjunction with narrow band UVB (308 nm) therapy to treat vitiligo (Ortonne, personal communication) to produce a successful outcome in both UV-sensitive and UV-resistant areas. A total of 14 patients aged 12-63 years with Fitzpatrick skin types II-IV were randomized to treatment with 308 nm excimer laser for a total of 24 sessions or laser therapy plus topical tacrolimus 0.1% twice daily. Four to 10 lesions were chosen for treatment in each patient with untreated lesions in the same patient acting as controls. Efficacy was evaluated by two independent physicians using direct and polarized light photography before and after treatment. Of the 23 lesions treated with combination therapy, repigmentation occurred in all lesions compared with 17 of 20 lesions treated with laser monotherapy. No repigmentation was observed in the control group. In UV-sensitive areas (face, neck, trunk, limb) 75% repigmentation occurred in more than 75% of the lesions treated with combination therapy compared with 57% of lesions treated with laser monotherapy. In UV-resistant areas, 60% and 0% of lesions had 75% repigmentation with combination therapy and monotherapy, respectively. Tolerance of all treatments was good and side-effects were limited. Further studies involving larger number of patients are now needed to confirm these positive findings.

Reprinted with permission. *Pigmentary Matters, Focus on pigmentary disorders*, Issue 1, Spring 2004. Page 09. © Galderma International, Tour Europlaza, La Defense, F-92927, France.

Eating Well

By Audrey VanStockum,
President, Supernatural
Health, Inc., Makers of
Recouleur™

In 1988, for the first time in the United States the Surgeon General acknowledged the value of a good diet. At the same time, he condemned typical American eating habits.

Two-thirds of all deaths are directly affected by improper diet, according to his statement. Eating habits play a part in this country's most common killers – heart disease, stroke, atherosclerosis, diabetes and some cancers.

Little has improved in the following 16 years.

A 2004 report from the Surgeon General's office, "Physical Activity and Good Nutrition," states, "Good nutrition lowers people's risk for many chronic diseases."

The report goes on to state, "A large gap remains between recommended dietary patterns and what Americans actually eat. Only about one-fourth of U.S. adults eat the recommended five or more servings of fruits and vegetables each day." At the same time calorie intake has increased!

Poor eating habits are often established during childhood. Only 21 percent of young people eat the recommended five or more servings of fruits and vegetables each day.

The United States is not alone in eats poor eating habits. Dr. Leopoldo F. Montes, author of Vitiligo: Nutritional Therapy, noticed that the people who moved from rural Argentina, Chile, Bolivia, Paraguay, Brazil, and Uruguay to Buenos Aires

and even the farmers have "lost their ancestors' habit of cooking fresh produce." They have adopted more "American" diets including beef, white bread, pasta, rice, pizza and soft drinks. He believes this increase in malnutrition relates to their developing vitiligo.

You are what you eat – and it can make a difference in how you manage your vitiligo.

People with vitiligo often want to know what foods can help strengthen their bodies and what foods may interfere with their health. This article is intended to raise your nutritional awareness by addressing which nutrients people with vitiligo need, the foods those nutrients are found in, as well as which foods are "vitamin robbers."

Ground-breaking research by Montes showed that vitiligo patients frequently exhibited blood-level deficiencies of folic acid, vitamins B-12 and C. When he began treating these deficiencies, pigment frequently returned to their whitened skin.

Other studies showed that copper and zinc deficiency can lead to hypopigmentation. Pantothenic acid has also been attributed to forming new melanin.

A baker's dozen of the highest sources of these vitamins are on the chart accompanying this article. A more detailed list of references is available at <http://www.recouleur.com/learning.htm>

However, some foods, habits and conditions will rob the vitamins and minerals from the good foods you're eating.

* Excess sugar consumes the body's minerals.

* B-vitamins – B-12, pantothenic acid and folic acid – are lost when grain is bleached or milled. Whole grains and whole-wheat breads provide more of these crucial vitamins. (Make sure the label reads "whole wheat" and not just "wheat.")

* Excess alcohol can cause folic acid deficiency.

The best sources of vitamin B12 are meat, milk, cheese and eggs. This means that strict vegans and those following a low cholesterol diet are at risk of vitamin B-12 deficiency – a vitamin already at an abnormally low level for many people with vitiligo.

Supporting your body through optimal nutrition will not cure vitiligo. Better food choices can fill in deficiencies, improve your body's ability to produce pigment, and improve your health. A good diet sets the stage for healing, and is compatible when following a doctor prescribed treatment.

For more information write to her at avanstockum@recouleur.com or visit www.recouleur.com.

Eat up

Six vitamins and minerals are key to melanin production.

Here are the dozen best food sources for them.

Vitamin C

- Rose hips, 4 ounces, 3,000 mg.

- Aceroia cherries, 4 ounces, 1,100 mg.

Vitamin B-12

- Liver .086 mg.
- Clams (steamed), 3 ounces, 84 mcg.

Folic Acid

- Torula yeast, 4 ounces, 3 mg.
- Brewer's yeast, 4 ounces, 2 mg.
- Dark leafy green vegetables (the word "foliage" is a cognate for folate)

Pantothenic Acid

- Royal jelly, 4 ounces, 35 mg.
- Brewer's yeast, 4 ounces, 11 mg.

Copper

- Liver (beef), cooked, 1 ounce, 1,265 mcg.
- Oysters (cooked), 1 medium oyster, 670 mcg.

Zinc

- Herring, 4 ounces, 110 mg.
- Oysters (cooked), 6 medium, 43.4 mg.

Vitadye Is Available

Vitadye is available through a Canadian online pharmacy: npdirectrx.com. The phone number is 1-888-592-6199.

Animal Model for Autoimmune Vitiligo: the Smyth Line Chicken

**Gisela F. Erf, Ph.D.; Professor,
Immunology
University of Arkansas,
Poultry Science Center**

The mutant Smyth line (SL) chicken developed by Dr. J. Robert Smyth, Jr. at the University of Massachusetts, Amherst, MA, is the only animal model for autoimmune vitiligo that recapitulates the entire spectrum



of clinical and biological manifestations of the human disease. The

onset and incidence of SL vitiligo is predictable, the lesion is easily accessible and the target tissue (feather) regenerates, thus providing opportunity to study the evolving lesion prior to and throughout the development of SL vitiligo in the same individual. The incidence of vitiligo in this line ranges from 70 to 95% and visible signs of pigment loss in the feathers are evident when the chickens are between 6 and 20 weeks of age. Previous studies by J. Robert Smyth, Jr. and co-workers describe the presence of a competent pigment system at hatch. Prior to visible signs of vitiligo, the earliest abnormality detected within SL melanocytes are irregularly shaped melanosomes containing pigmented membrane extensions, hyperactive melanization, and selective autophagocytosis of melanosomes. These aberrant processes precede the degeneration of SL melanocytes, but are not sufficient to cause vitiligo without a functioning immune system. They do, however, appear to be involved in provoking an immune response resulting in autoimmune destruction of melanocytes. Our research has further defined the

immune system involvement in SL vitiligo: 1) immunohistochemistry and cell population analyses conducted throughout the development of vitiligo point strongly to an important role of cell-mediated immune activity in the destruction of melanocytes; 2) *in vivo* studies demonstrated the presence of feather melanocyte-specific cell-mediated immunity in SL chickens with vitiligo; 3) *in situ* studies provided evidence that melanocytes in SL vitiligo die by apoptosis, which appeared to be initiated by cytotoxic T cells; and 4) examination of the target tissue revealed interferon gamma production, altered antioxidant capacity, and heightened oxidative stress in feathers during active vitiligo. Additionally, our research uncovered a strong association between administration of live (but not dead) turkey herpesvirus (HVT) at hatch and the expression of vitiligo in vitiligo-susceptible SL chickens. Hence, the expression of

SL vitiligo requires an environmental component (e.g., HVT, which translocates to the feather) in addition to a genetic and immune system component, a phenomenon typically observed in autoimmune disorders.

Considering the accessibility of the target tissue (the feather), the ability of the target tissue to regenerate, and the predictability of the development of SL vitiligo, this animal model offers unique opportunities to study the etiopathology of autoimmune vitiligo. Moreover, there are two MHC-matched lines of chickens that serve as controls. These are the parental Brown line of chickens, which has a < 2% incidence of vitiligo, and the Light Brown Leghorn chickens, which are vitiligo-resistant. Together, the SL and control lines of chickens allow for various comparisons between different phenotypes and provide opportunity to explore treatment approaches though *in vivo* and *in*

AVIAN MODEL FOR HUMAN AUTOIMMUNE VITILIGO



The Smyth line chickens

SMYTH LINE CHICKEN

The bird on the left is normally pigmented, the middle one has the "erratic" form of vitiligo (partially depigmented) and the one right is completely amelanotic. The vitiligo typically appears when the chicks are between 8 and 20 weeks of age. These birds are adult roosters - and are stable at this time with no new feather growth.

5,000 Participate in Vitiligo Gene Study

With the enthusiastic participation of the membership of the National Vitiligo Foundation and the Vitiligo Society (England), our laboratory has been studying the epidemiology and genetic basis of vitiligo, funded by a large grant from the National Institutes of Health. Many of you have sent back questionnaires providing information about yourself, your family, and vitiligo. Some of you have participated by sending blood samples and helping us obtain samples from other family members. We thank you all. All of your help has been invaluable.

So far, we've received questionnaires from about 5000 respondents. This information has helped us get a much clearer picture of what vitiligo is, exactly what other autoimmune diseases it's associated with, and about its genetics. We've learned that the average age of onset is 24 years, but tends to be earlier in families with multiple people with vitiligo; this is evidence that genes are important. But genes are not the whole story—even identical twins only both get vitiligo about a quarter of the time, even though they share all their genes in common. Unfortunately, we don't yet know what the non-genetic triggers might be. Vitiligo is highly associated with certain other autoimmune diseases—principally thyroid disease, pernicious anemia, adult-onset insulin-dependent diabetes, and less commonly lupus or Addison's disease. This is true both in people with vitiligo and also in their close relatives, even if those relatives don't themselves have vitiligo. Again, this means that genes are involved in this familial predisposition to autoimmune disease. Certainly, people with vitiligo deserve screening for thyroid disease at the least.

Many of you have already participated in our research to find vitiligo genes. We are not allowed to give anybody back individual information; in fact, these lab

'results' really wouldn't have any meaning in the context of just one person or even just one family. But summed across many families, the data highlight the locations of vitiligo genes on specific chromosomes. We've found strong evidence of a gene on chromosome 1, and we think we may have even identified that gene, which is basically one of the master switches for melanocytes. Unfortunately, that gene doesn't seem to play a role in most families. We've also found evidence of genes on chromosomes 7, 8, 9, and 17. The genes on chromosomes 1, 7, 9, and 17 seem to play major roles in families with both vitiligo and also other autoimmune diseases (different genes being more or less important in different families and for different diseases), whereas the gene on chromosome 8 seems to play a role principally in families that have only vitiligo. We're working very hard on discovering what those genes might be, and we very much need the participation of additional families (or key family members who may not yet have sent in their blood samples) to make this happen. This remains the best way to understand fully what causes vitiligo, and we hope this will eventually lead to new treatments or even prevention.

Again, for those who have participated, thank you. And for those who have not yet participated, please take a few minutes to fill out the questionnaire on the NVF website and mail it back to us. Every one of you counts.

With very best wishes,

Richard A. Spritz, M.D.
Professor and Director,
Human Medical Genetics Program
University of Colorado Health Sciences
Center at Fitzsimons

Financial Limitations In Treating Vitiligo

(Continued from page 1)

on the provider and the size of the affected areas.

Many effective treatment modalities exist for vitiligo patients, and this disfiguring condition can be improved. However, most insurers do not readily provide coverage for their patients to access these therapies. Dermatologists are fighting an uphill battle with insurance providers to obtain assistance for their patients. Several steps can be taken to change the current climate. Dermatologists can contact the insurance companies and explain the physical and psychological effects of vitiligo. In addition, patients can also write letters describing the problems they face as a result of their disease. Physicians and their patients must continue to collaborate, and ultimately, government intervention may be needed to convince insurers of the debilitating effects of vitiligo, which has far greater impact on patients' quality of life than simple cosmetic concerns.

References:

1. Zhang XJ, Liu JB, Gui JP, et al. Characteristics of genetic epidemiology and genetic model for vitiligo. *J Am Acad Dermatol*. 2004, 51 (3): 383-90.
2. Grimes PE. White patches and bruised souls: Advances in the pathogenesis and treatment of vitiligo. *J Am Acad Dermatol*. 2004, 51 (Supplement 1): 5-7.
3. Honigsmann H. Phototherapy and photochemotherapy. *Semin Dermatol*. 1990, 9 (1): 84-90.
4. Hadi SM, Spencer JM, Lebwohl M. The Use of the 308-nm Excimer Laser for the Treatment of Vitiligo. *Dermatol Surg*. 2004, 30 (7): 983-6.

Home Solutions for Psoriasis and Vitiligo



Daavlin

The Global Leader in Phototherapy

205 West Bement Street, P.O. Box 626, Bryan OH 43506

800.322.8546

sales@daavlin.com
www.daavlin.com

The most complete sun protective system™

SPF60
**TOTAL
BLOCK**®
SPF65

SPF 58
CÖTZ™
Contains Only Titanium & Zinc™
WATER RESISTANT

SPF 30+
LIPCÖTZ
Contains Only Titanium & Zinc™

freedom for the sun sensitive

Total Block provides
the most complete UVA/UVB protection available.
Physician recommended, it offers excellent
coverage for the medically photosensitive individual, and
anyone concerned about the damaging effects of the sun.

For more information and samples call: 800.332.5536
FALLENE, LTD.

Clinical research shows that many vitiligo sufferers are deficient in folic acid, vitamin C and B12. Other research reveals that copper and zinc are reduced in vitiliginous skin.

Recouleur™ combines these plus pantothenic acid in one tablet.

Although it is best to get vitamins from foods, it's not easy to do so. Plus not everyone eats right all the time. Especially during the holiday season.

Holiday parties with their indulgences are over now. The New Year has arrived. It is time to renew your commitment to your health.



Recouleur™
Be good to your body.



Give yourself the gift of nourishment—Recouleur™ Vitamins.

For more information and to purchase, please visit www.recouleur.com. Or call 866-827-WELL (9355) U.S.A. and Canada Toll Free 24 hours a day!

We ship throughout the U.S.A. and internationally.

*These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease.

Vitiligo Bulletin

NVF Gifts, October through December 15

The Quarterly Publication of the National Vitiligo Foundation
700 Olympic Plaza Circle, Suite 404, Tyler, TX 75701
903-595-3713 ** fax 903-593-1545
Email: info@nvfi.org

Final Membership Notice, See Page 2

National Vitiligo Board of Directors

Ronald S. Davis, MS MD, President
Dannise Beckley, MD, Vice President
Nancy Locklin, Secretary
Carolyn Hammett, Treasurer
Damaris Moore
Lee Ann Shaver

Special Advisor

Allen C. Locklin

Medical Advisory Board

James J. Nordlund, MD, Chairman
Group Health Associates • Cincinnati, OH

Lawrence L. Anderson, MD
Dermatology Associates • Tyler, TX

Jean-Claude Bystryn, MD
New York University • New York, NY

Ronald S. Davis, MD
Dermatology and Laser Center • Tyler, TX

Pearl E. Grimes, MD
Vitiligo Pigment Center of Southern California • Los Angeles, CA

Rebat M. Halder, MD
Professor & Chairman, Department of Dermatology
Clinical Director, Vitiligo Center
Howard University • Washington, D.C.

Aaron B. Lerner, MD
Professor Emeritus
Yale University School of Medicine • New Haven, CT

Amit Pandya, MD
Associate Professor, Department of Dermatology
University of Texas Southwestern Medical School • Dallas, TX

Madhu A. Pathak, MD, PhD
Department of Dermatology
Harvard Medical School • Boston, MA

International Advisory Board

S.S. Bleehen
Professor, St. John's Institute of Dermatology
St. Thomas Hospital • United Kingdom

Seung Kyung Hann, MD, PhD
Professor, Department of Dermatology
Yonsei University College of Medicine • Seoul, Korea

Leopoldo F. Montes, MD, MS, FRCPC
Director of Dermatology Research • Buenos Aires, Argentina

Giovanni Orecchia, MD
Department of Dermatology
University of Pavia • Pavia, Italy

Jean-Paul Ortonne, MD Hospital Pasteur • Nice, France

Medical Advisory Board—Emeritus

John A. Kenney, MD

Lawrence Anderson, M.D. and Sascha
Vukelja, M.D.
Pat Anderson
J.W. Arnold
David Boras
Donald Grant and Martin Calder Foundation
Randy and Ellen Crim
M.C.N. De Croos
Harmon Foundation
Bob Herd Foundation
Barry and Arlene Hirschfeld
Robert Irwin
Linda Ivy
Charles Kaufman
Aaron Lerner, M.D.
Patricia Lobenfeld
Allen Locklin
Tom and June Lowery
Laura Mayer
National Biological Corporation
James Nordlund, M.D.
The Oliver Family Foundation
Montovani Remodnini
James Reynolds
George Skipworth, M.D.
Jonathon and Cindy Stock
Timken-Sturgis Foundation
Sigurd Ueland
The Vaughn Foundation
Christopher Whitney

Scarlet Still Needs a Home



Please take me home.

Remember Scarlet, the orphaned, Rottweiler-mix with vitiligo? Scarlet is a 7-year-old very gentle, Rottweiler-mix who weighs about 55-pounds and stands about 30-inches tall at her shoulders. If you can provide a loving home for her please contact Dr. Lorie Gottwald at (419) 383-3720 or email her at lgottwald@mco.edu. Travel expenses will be provided. We just want her to have a loving family!

How You Can Help the National Vitiligo Foundation

- Donations of checks can be made payable to the National Vitiligo Foundation (NVF)
- Donations in lieu of special-occasion gifts (especially during the December holidays)
- Donations by way of government CFC payroll deductions
- Donations of frequent flyer miles
- Donations made through your company's matching gift program
- Donations of regular planned gifts or once-in-a-lifetime gifts
- Donations by way of wills and bequest
- Donations by way of making NVF the beneficiary of a life insurance policy
- Donations from a fund-raising event



The strength of the National Vitiligo Foundation is seen in the spirit of those who care. Contact the NVF office for information on any of these options for giving.

Goals of the NVF

- * To raise public and physician awareness about vitiligo and the dermatological and psychological impact on those affected by it
- * To provide useful information and support to those affected by vitiligo and their families
- * To support investigation into the causes and treatment of vitiligo by generating funds from individuals, businesses and organizations
- * To encourage governmental agencies like the NIH to make research on vitiligo a high priority
- * To identify physicians and investigators who have a strong interest in vitiligo and related disorders and assist them in obtaining support for their clinical and basic science research
- * To improve the care of patients with vitiligo by providing dermatologists, other physicians and their staffs with the best available information about vitiligo and its treatment
- * To embody the highest ethical and professional standards of conduct in all activities, including solicitation and distribution of funds used for research, patient support and related activities

Mission Statement

The National Vitiligo Foundation (NVF) is the world center for those with vitiligo. The Foundation strives to locate, inform, and counsel vitiligo patients and their families; to increase public awareness and concern for the vitiligo patient; to broaden the concern for the patient within the medical community; to encourage, promote and fund increased scientific and clinical research on the cause, treatment and ultimate cure.



Membership is Vital

When supporting the NVF, we ask that you give whatever amount you can. A \$40.00 contribution is recommended. We ask that North American members add \$10 and other members add \$20 if you want to receive the newsletter by mail. More will help fund research grants. **Visa © and MasterCard © are available for your donation.**

In your will remember

National

Vitiligo

Foundation



Non-Profit Org.
U.S. Postage
Paid
Tyler Texas
Permit No. 275

700 Olympic Plaza Circle, Suite 404 Tyler, Texas 75701