



Melasma And Its Homoeopathic Management-A Case Report

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Abstract

Melasma is a common acquired hyperpigmentation disorder characterised by symmetrical brown macules on sun exposed areas of face. It predominantly affects the women and significantly affects the quality of life particularly in women.. This case report describes a female patient suffering from chronic Melasma appear to be located predominantly over the malar. Area ,involving predominance of cheek,nose,and forehead .. Individualized homoeopathic treatment based on totality of symptoms led to resolution of lesions. Sepia 200C was selected following repertorial analysis and Materia Medica correlation. .

Keywords: Melasma, , Homoeopathy, Sepia,, Case report, Repertorization

Introduction

Melasma is a acquired hyperpigmentation disorder.characterised by symmetrical grey-brown macule,affecting the face.significantly affects the quality of life in reproductive aged women.temporay relief is obtained from conventional therapy and are associated with side effects and recurrence.. Homoeopathy aims at treating the individual as a whole by considering characteristic mental and physical symptoms.

Melasma mainly effects the women's of reproductive age and is more prevalent among individuals with darker skin types .although exact pathogenesis remains unclear,Melasma is considered as a multifactorial

condition affected by genetic predisposition,uv radiation exposure,harmonal factors,pregnancy and by certain types of medications¹

Clinical features:

Melasma typically presents as irregularly bordered, light to dark brown hyperpigmented macules and patches with symmetrical distribution. The most commonly affected areas include the cheeks, forehead, upper lip, nose, and chin. Based on the pattern of distribution, melasma is classified into three clinical types:

- **Centrofacial pattern:** Involves the forehead, cheeks, nose, upper lip, and chin; this is the most common type.
- **Malar pattern:** Limited to the cheeks and nose.
- **Mandibular pattern:** Affects the ramus of the mandible and jawline.²

General management:

- 1.Photo protection:daily use of long broad spectrum of sunscreen lotion
- 2.Identification and removing the triggering factor: Discontinuation of photosensitizing medications when appropriate
3. **Patient counseling:** Patients should be informed about the chronic and recurrent nature of melasma

Objectives:

To evaluate the efficacy of individualized homoeopathic treatment in managing a case of Melasma and improving both physical and mental health symptoms.

Patient Information

Name: Mrs.Kavita

Age: 35years

Sex: Female

Occupation: Homemaker

Date of First Visit: 4/11/25

Chief complaints:

C/O Brownish-black pigmentation over bilateral cheeks,nose and forehead since **2 years**.

History of chief complaints:

The patient was apparently well 2 years ago, then she first noticed the appearance of brownish-black pigmentation over both cheeks. The pigmentation gradually increased in extent and intensity and subsequently involved the nose and forehead over the next few months.

The lesions have been insidious in onset and progressively increasing in size and darkness.

There is no history of itching, pain, burning sensation, redness, scaling, or discharge associated with the lesions. There is no history of preceding trauma or inflammation over the affected areas

. The patient reports aggravation on sun exposure. No similar complaints were noted elsewhere on the body.

Past history

- No history of diabetes mellitus.
- No hypertension.
- No thyroid disorders.
- No major surgeries.
- No history of tuberculosis.
- No history of severe dermatological illnesses in the past.
- No known drug allergies.

Family history

Mother: History of facial pigmentation after menopause.

Father: Hypertension.

No family history of autoimmune skin disorders.

No family history of malignancy.

Personal history

Appetite: good

Thirst: increased, drinks 3-4 liters of water daily (drinking large quantity of water at long intervals)

Bowel habits: Regular, once a day satisfactory

Micturation: 4-5/0-1 D/N

Sleep: Disturbed, Difficulty initiating sleep due to persistent thoughts regarding facial appearance and future outcome.

Thermal: hot patient, prefers cool environment, can't tolerate excessive heat

Desire : pickles and sour food

Perspiration: generalised

Mentals ::

She constantly worries about the progression of pigmentation and fears permanent facial disfigurement.

She repeatedly asks: "Will these marks spread further?"

: Will my face ever become clear again?

Anxiety about facial appearance

Insecurity

Physical examination

Local examination

On examination: multiple symmetrical, ill-defined hyperpigmented macules and patches of brown to dark brown colour are present over the bilateral malar regions, bridge of the nose, and forehead.

The pigmentation is more prominent over the cheeks

. The surface is smooth without scaling, erythema, atrophy, induration, crusting, or ulceration. The lesions are non-tender and non-palpable, with no associated edema or discharge. Hair follicles and surrounding skin appear normal.

The distribution of pigmentation corresponds to the centropalmar pattern of melasma involving the cheeks, nose, and forehead.

Clinical diagnosis:

Melasma

Totality of symptoms

Anxiety about facial appearance

Insecurity

hot patient

Thirst increased

Disturbed sleep

Desire for pickle and sour

Blackish- Brown discolouration over bilateral cheeks, nose and forehead aggravated by sunlight

Therapeutic Interventions

After detailed case taking and repertorial analysis, Sepia 200C 1 dose was selected as the individualized homoeopathic remedy based on the symptoms similarity as a constitutional remedy. According to Kent when indicated remedy prescribed in a appropriate potency in a chronic case ,it should be given as single dose and allowed to act,repeatation avoided as long as improvement continues . followed by placebo during the follow-up period. General advice given like Avoiding sun exposure,application of sunscreen as daily use,maintenance of healthy weight,maintenance of healthy diet and lifestyle.. The patient's response to treatment was assessed through regular follow-up visits, and further management was based on the clinical improvement observed.

Before treatment photograph



Follow up outcomes

Date Follow-up Findings Prescription

1)4/11/25: Extensive brownish-black pigmentation over bilateral cheeks, nose, and forehead. Anxiety regarding facial appearance, , disturbed sleep

Prescription:sepia 200C single dose ,placebo for 20 days

2)20/12/25: Pigmentation appears slightly lighter in colour without obvious reduction in size. Approximately 10–15% improvement. No new lesions. Patient reports feeling calmer. Anxiety reduced . Sleep improved.

Prescription:Placebo

3)4/1/26: Dark brown patch of pigmentation changed to medium brown. Patch size almost unchanged, but margins became less prominent. Approximately 30–40% reduction in pigmentation intensity. Anxiety reduced sleep improved . .

Prescription : sepia 200C 1 dose

4)15/2/26: Definite fading of pigmentation with reduction in both colour intensity and extent. Forehead and nasal lesions reduced considerably. Approximately 50–60% improvement. Mental symptoms markedly improved. Minimal anxiety regarding appearance.satisfactory sleep.

Prescription: placebo

5)6/3/26: Hyperpigmented patches became light brown with reduction in size, especially over cheeks. Approximately 70–75% improvement. Patient expresses satisfaction with treatment outcome and reports improved social confidence.

Prescription:Placebo

6)4/4/26: Only faint residual pigmentation over bilateral malar areas. Forehead and nose almost clear. Overall 85–90% reduction in pigmentation with marked decrease in colour intensity and lesion extent. No anxiety related to facial appearance. Sleep normal.

Prescription :placebo

Outcome: the significant reduction in the pigmentation. improved quality of life

Repertorization was performed using Zomeo Repertory Software (LAN 3.0).

mpptoms:	8	Remedies:	391	Show Repertorisation Tools											
Remedy Name	Ars	Sep	Sulph	Acon	Lach	Phos	Lyc	Bry	Chin	Ant-c					
Totally	15	14	11	11	10	10	9	9	9	8					
Symptoms Covered	6	6	5	4	6	4	5	4	4	5					
Kingdom															
[Murphy] [Mind]Insecurity: (18)	3			1	1	1	2	2							
[Murphy] [Mind]Anxiety, general: (351)	4	2	3	4	2	4	3	3	3	2					
[Murphy] [Sleep]Disturbed, sleep:Anxiety, from: (66)	3	2	2	3	1	3	1	2	2	1					
[Murphy] [Food]Sour, foods, (see Acid, foods):Desires: (115)	2	3	3	3	2	2	1	2	1	2					
[Murphy] [Food]Pickles, general:Desires: (31)	1	3	2		2					2					
[Murphy] [Face]Discoloration, face:Black: (10)					2				3						
[Murphy] [Face]Chloasma, face: (22)	2	3	1				2			1					
[Murphy] [Face]Chloasma, face:Sun, agg.: (3)		1													

Discussion

Melasma is a dermatological condition and is more prevalent in individuals with darker skin type. Melasma is a multifactorial condition involving hormonal factors, environmental factors, exposure to UV radiation, psychological factors, or other certain medications². The conventional treatment only provides temporary relief without targeting the root cause. In this case, individualized homeopathic prescribed considering patient as a whole, considering mental physical aspects based on symptom totality and repertorial analysis resulted in significant recovery. Sepia was selected for ment and characteristic physical

generals as a constitutional remedy ³.The favorable outcome supports the usefulness of individualized homoeopathic management in dermatological conditions.

After treatment photos



Conclusion

The Homoeopathic management of Melasma is effective in reducing pigmentation. .individualised Homoeopathic treatment improves both physical and psychological well being.

Patient Consent

Written informed consent was obtained from the patient for publication of clinical details and photographs while maintaining anonymity.

Conflict of Interest

Nil.

Source of Funding

Nil

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