

HOMOEOPATHIC MANAGEMENT OF CHRONIC MELASMA: A CASE REPORT

By

Dr Minal Sharma¹, DR. SANGEETA JAIN PhD², Dr. Aditi Bhinda³, DR. DEVENDRA KUMAR NAMA [MD (Hom)]⁴

¹MSc ayurveda diet and nutrition, BHMS Medical officer, Homeopathic University Amarnath allergic and general hospital

²(Homoeopathy University, Jaipur), PGDHM (NIHFW, New Delhi) HOD, Associate Professor, Department of Anatomy University College of Homoeopathy, Kekri, Rajasthan (a constituent college of DSRRAU, Jodhpur, Rajasthan)

³Senior Research Fellow (SRF) Central Research Institute of Homoeopathy, Sector- 26, Pratap Nagar, Jaipur

⁴Assistant Professor, Department of Anatomy University College of Homoeopathy, Kekri, Rajasthan (a constituent college of DSRRAU, Jodhpur, Rajasthan)



Article History

Received: 01/06/2025

Accepted: 14/06/2025

Published: 16/06/2025

Vol – 3 Issue – 6

PP: -01-04

DOI:10.5281/zenodo.17091237

Abstract

Background: Melasma is a common skin condition characterized by hyperpigmented patches, predominantly affecting women and often exacerbated by hormonal fluctuations and sun exposure. This case study evaluates the effectiveness of a homeopathic treatment approach for a patient with chronic melasma.

Case presentation: A 38-year-old female presented with persistent melasma for 8 years, worsened by sun exposure. She was very much conscious about her looks and depressed. She reported no significant medical history or family predisposition to skin disorders. The patient was taken according to homeopathic principles. She was prescribed Sepia 200 one dose weekly after considering Homoeopathic repertory and individualisation. Berberis aquifolium mother tincture as an external application was also given. Disappearance of pigmentation and improved skin texture were observed along with enhanced patient satisfaction and self-esteem. There were no adverse effects reported throughout the treatment.

Conclusion: This case demonstrates that a holistic treatment approach incorporating homeopathic remedies can lead to significant improvements in chronic melasma. Continued follow-up and a personalized skincare regimen are also essential for maintaining results and preventing recurrence.

Key words: Melasma, homeopathic treatment, Sepia

INTRODUCTION

Melasma is a common and challenging skin disorder characterized by the development of symmetrical, hyperpigmented macules and patches, primarily on sun-exposed areas of the face, such as the cheeks, forehead, nose, and upper lip. This condition predominantly affects women, especially those with darker skin types¹ and is often referred to as "the mask of pregnancy" due to its strong association with hormonal changes during pregnancy and the use of oral contraceptives.^{2,3}

The pathophysiology of melasma involves several interrelated factors, including increased melanin production, UV radiation exposure, hormonal fluctuations, and genetic predisposition.

Studies have shown that ultraviolet (UV) light not only stimulates the proliferation of melanocytes but also triggers the release of inflammatory mediators that contribute to pigmentation.⁴ Hormonal influences, particularly estrogen and progesterone, play a significant role in the development and exacerbation of melasma, as evidenced by its prevalence in pregnant women and those using hormonal contraceptives.⁵

Management of melasma poses a considerable challenge due to its chronic nature and tendency to recur. Standard treatment options include sun protection, topical agents such as hydroquinone, retinoids, and chemical peels, but these may carry risks and are not always effective.⁶ Consequently, there is growing interest in alternative and complementary therapies, including homeopathy, which may provide



additional options for patients seeking holistic treatment approaches.⁷

Understanding the complexities of melasma is crucial for developing effective treatment strategies that address both the physiological and psychosocial impacts of this condition on affected individuals.

CASE REPORT:

Chief complaints: Chronic melasma on face, presented for 8 years.

History of Presenting Illness

Mrs. X, a 38-year-old female with a history of chronic melasma for the past 8 years reported for the gradual worsening of irregularly shaped, hyperpigmented patches on her cheeks, forehead, and upper lip, particularly exacerbated by sun exposure. Initially mild, the pigmentation has intensified despite occasional sunblock use.

Patient as a person:

Mrs. X, presented with chronic melasma, reflecting both her physical and emotional state. She showed signs of feeling overwhelmed and disconnected, often seeking solitude and displaying occasional irritability. This sense of resignation regarding her skin condition was evident, as she felt exhausted and burdened by her ongoing struggle with pigmentation issues.

The hyperpigmented brown patches on her cheeks, forehead, and upper lip suggested a possible hormonal imbalance, aligning with her fair complexion that is prone to pigmentation changes. As a housewife, she faced regular stressors related to family and home management, which contribute to her emotional distress. She was worried for her looks and she concerned for a more effective treatment for her condition. These factors further intensify her feelings of frustration and low self-esteem.

The patient denied any hormonal therapies and significant changes in her menstrual cycle. She had no family history of melasma or skin disorders. The patient had a good appetite but feeling of nausea in morning before breakfast and had a desire for sweets. She had less thirst even in summers.

Overall, her symptoms and emotional landscape illustrate a profound interplay between her physical health and emotional well-being, highlighting the need for a holistic approach to restore balance in both areas of her life.

Analysis and Evaluation of case:

As the case was having prominent mental general and physical general symptoms, the case was analysed according to Kentian method^{8,9}

Table 1: Analysis and Evaluation of case according to Kentian method^{8,9}

Classification of Symptoms	Symptoms
	- Overwhelm and burden

Mental Symptoms	- Desire for solitude - Occasional irritability - Low self-esteem - Frustration with appearance
Physical Symptoms	- Nausea before breakfast - Desire for sweets - Thirstlessness
Particular Symptoms	Chronic melasma - Irregularly shaped hyperpigmented brown patches on face - Gradual worsening over 8 years - Exacerbated by sun exposure - Fair complexion prone to pigmentation changes - No history of hormonal therapies - Stable in pigmentation location but increased intensity

Clinical Examination and Diagnosis:

Clinical Examination:

- Skin Assessment:** Notable irregularly shaped hyperpigmented brown patches on the cheeks, forehead, and upper lip. The patches are stable in location but have increased in intensity over 8 years. No signs of inflammation or secondary lesions.
- Skin Type:** Fair complexion, prone to pigmentation changes.
- Other Findings:** No significant abnormalities in general health; no hormonal therapies or relevant medical history reported.

Diagnosis:

- Melasma:** Clinically diagnosed based on the characteristic appearance of hyperpigmentation, history of sun exposure, and absence of other skin disorders.

Reporterisation¹⁰ and selection of Remedy⁸:

In analysing (Table 1) Mrs. X's case through a homoeopathic perspective, her totality of symptoms includes:

- Significant emotional factors, including feelings of overwhelm, frustration with her appearance causing low self-esteem and indifference, and a desire for solitude.
- Generalities: good appetite with nausea before breakfast; desire for sweets; and thirstlessness.
- Chronic melasma characterized by irregular hyperpigmented brown patches on her face.

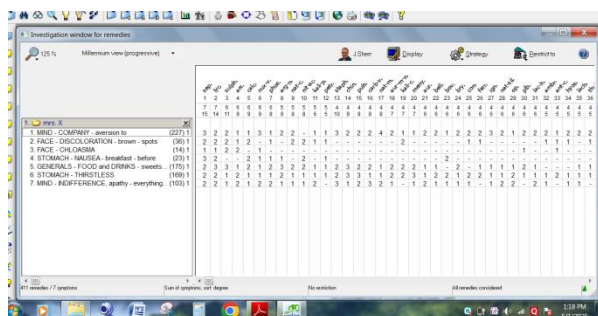


Fig. 1: Repertorial Analysis

Based on this comprehensive repertorial analysis (Fig. 1), a remedy like *Sepia* was indicated. The case addresses hormonal influences and emotional states of overwhelm; these mental and emotional aspects are crucial for remedy selection^{8,9}, highlighting the interplay between her skin condition and psychological distress. This holistic treatment strategy focuses on improving both her physical condition and emotional well-being, with ongoing monitoring necessary for sustained improvement.

Berberis aquifolium mother tincture (Q) was also chosen for its reputed efficacy^{11,12} in reducing hyperpigmentation and improving skin tone. It helps to lighten pigmentation and is often used in cases of chronic skin conditions. It was given as an external application¹³ mixed with coconut oil in ratio of 1:10, to apply on the pigmented parts in morning after bathing and in nights before bedtime.

Table 2: FOLLOW-UP CHART:

Time Point	Changes in symptoms	Prescription
Initial Visit	Chronic melasma with dark patches on face. Emotional distress, overwhelm, frustration. Skin texture poor, pigmentation worsening	<i>Sepia</i> 200C weekly one dose <i>Berberis aquifolium</i> Q for external application (mixed with coconut oil in ratio of 1:10) after bathing and at bedtime
Week 4	Gradual decrease of pigmentation observed Emotional distress still present Improved overall skin texture noted	<i>Sepia</i> 200C weekly one dose <i>Berberis aquifolium</i> Q for external application (mixed with coconut oil in ratio of 1:10)
Week 8	Significant decrease in pigmentation intensity Substantial improvement in appearance and self-esteem	<i>Sepia</i> 200C weekly one dose <i>Berberis aquifolium</i> Q for external application (mixed with coconut oil in ratio of 1:10)



BEFORE

AFTER

Fig 2: Changes in presentation of Melasma Before and After the treatment

DISCUSSION AND CONCLUSION

Mrs. X's case emphasizes the holistic approach of homeopathy in treating Melasma, which intertwine physical and emotional symptoms, significantly impacting her emotional well-being, leading to feelings of overwhelm, frustration, and low self-esteem. According to Dr. Vikas¹¹ and Rakhi¹⁴ Homeopathy offers the safest and highly effective natural treatment for cases of facial pigmentation.

The choice of *Sepia* addresses⁸ both her hormonal influences and emotional distress, making it suitable for her situation. Coupled with *Berberis aquifolium* Q as an external application, known for its effectiveness in removing pigmentation.^{11,12} This combination aims to provide synergistic benefits, improving both skin condition and emotional health.¹¹

Ongoing assessment is crucial for evaluating the effectiveness of the treatment and making necessary adjustments, ensuring a dynamic approach that addresses both physical and emotional aspects.

In summary, this case illustrates the importance of integrating physical and psychological care through Homoeopathy, ultimately enhancing Mrs. X's quality of life.

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