



Original Research Article	Volume 15 Issue 03	March 2026
---------------------------	--------------------	------------

POST-VARICELLA FACIAL HYPERPIGMENTATION REFRACTORY TO CONVENTIONAL MEASURES SUCCESSFULLY MANAGED AT DR BATRA'S® HOMEOPATHY CLINIC: A CLASSICAL HOMEOPATHIC CASE STUDY

Dr Nazia Bi

Chief Homeopathic Consultant

Panjim Branch

Dr Batra's Positive Health Clinic Pvt. Ltd.

Qualification BHMS

Email id chc-panjim@drbatras.com

Mobile 99607 05851

Abstract

Post-inflammatory hyperpigmentation following varicella infection can persist for months and significantly affect facial appearance, self-confidence, and quality of life. A patient presented with persistent post-chickenpox facial marks and tanning, unresponsive to routine cosmetic measures, causing marked embarrassment and emotional distress. Individualised classical homeopathic management was undertaken based on totality, repertorisation, and miasmatic assessment with systematic follow-ups. Significant clinical clearance of facial hyperpigmentation was observed after six sessions with improved confidence and HRQL. This case highlights a visible transformation achieved at Dr Batra's® Homeopathy Clinic.

Keywords

post-varicella marks, post-inflammatory hyperpigmentation, facial tanning, melasma differential, classical homeopathy, HRQL, Dr Batra's

Introduction

Varicella (chickenpox) is a common viral illness, and healing lesions may leave behind post-inflammatory hyperpigmentation (PIH), particularly in individuals with higher melanogenic response. Facial PIH is often cosmetically distressing and may mimic or overlap with melasma or photopigmentation. Persistent facial marks may impact psychosocial well-being and lead to reduced self-esteem. Classical homeopathy aims at individualisation based on the totality of symptoms and constitutional susceptibility rather than disease label alone. This case study

documents the classical homeopathic approach in managing post-varicella facial hyperpigmentation treated at Dr Batra's® Homeopathy Clinic.

Case Profile

- Diagnosis / LSMC (Provisional): Post-chickenpox facial marks (post-inflammatory hyperpigmentation)
- Differential Diagnosis: Melasma / facial pigmentation disorder
- Duration of Complaint: ~3 months
- Duration of Remission: Nil (no spontaneous clearing)
- Previous Medication: No medical treatment taken; cosmetic/home measures not beneficial
- HRQL Impact: Patient felt embarrassed, avoided close social interactions, repeatedly checked face in mirror, worried marks may never go

Chief Complaints:

1. Hyperpigmented marks on both cheeks after chickenpox
2. Facial tanning and uneven tone
3. Embarrassment and reduced confidence due to facial appearance

Mental & Emotional Symptoms

Since childhood, the patient was emotionally sensitive and easily affected by remarks from others, especially regarding appearance and performance. The patient had a tendency to internalise criticism, striving for acceptance and approval, and often felt hurt but avoided expressing anger openly. Over time, this sensitivity evolved into increased self-consciousness, with a strong desire to appear presentable and be seen positively by peers. Following the chickenpox episode, the patient became more preoccupied with facial marks, frequently comparing the current face with the earlier appearance, feeling embarrassed in public, and anticipating negative judgement. The patient expressed fear that the marks would remain permanently and felt disappointed and anxious whenever improvement was not visible, leading to reduced confidence and avoidance of photographs and close-contact conversations.

Physical Generals

- Face: Hyperpigmented post-inflammatory marks mainly on cheeks; tanning and uneven tone
- Thermals: Not specifically reported
- Appetite/Thirst: Not specifically reported
- Sleep: Not specifically reported
- Perspiration: Not specifically reported
- Bowel/Urine: Not specifically reported (In this case, emphasis was placed on prominent mental state and local complaint with marked cosmetic sensitivity.)

Clinical Examination

- Skin: Multiple residual hyperpigmented macules over both cheeks; no active vesicles, no discharge
- Inflammation: Absent
- Scarring: Minimal to none (mainly pigmentation)
- Systemic Examination: Within normal limits as per clinic screening

Prognosis

Good, as the complaint was of short duration (~3 months), with no active infection, no deep scarring, and high motivation for treatment adherence.

Homeopathic Working

The case was approached with:

1. Identification of characteristic symptoms (mental sensitivity, embarrassment, fear of permanence of marks)
2. Totality formation (mind + face pigmentation + tendency to discoloration)
3. Repertorisation based on characteristic rubrics
4. Miasmatic evaluation to guide remedy selection and follow-up assessment
5. Follow-up based on Hering's law and clinical improvement tracking

Totality of Symptoms

1. Embarrassment and self-consciousness due to facial appearance
2. Anxiety/fear that marks will not go and will remain permanently
3. Oversensitive to opinions/criticism; internalises emotions
4. Facial hyperpigmentation after chickenpox (post-inflammatory)
5. Facial tanning with uneven tone

Rubrics Considered

1. Mind – Embarrassment / self-consciousness
2. Mind – Anxiety about health/appearance
3. Mind – Sensitive to criticism / easily offended
4. Face – Discoloration / pigmentation / spots
5. Skin – Eruptions – discoloration after eruption
6. Skin – Spots – after exanthema

Repertorisation & Remedy Differentiation

Based on repertorial convergence and clinical correspondence, the following remedies were considered:

- Berberis aquifolium (strong clinical affinity for facial pigmentation, post-inflammatory marks)
- Sepia (melasma-like pigmentation with hormonal/constitutional features)
- Sulphur (skin tendency with burning/itching; not strongly indicated here)

- Natrum muriaticum (sensitive, reserved, self-conscious; pigmentation possible)

Differential Remedies listed in case: Berberis aquifolium

LSMC

- LSMC: Post-inflammatory hyperpigmentation following varicella (post-exanthematous marks)
- Dominant miasmatic expression: Predominantly Psoric-Syphilitic (psoric sensitivity + syphilitic tendency of persistent discoloration/marks) (Miasmatic judgement used to support depth of remedy action and follow-up expectation.)

Reason for Prescribing

- Clear causation: marks after exanthema
- Strong local affinity: facial pigmentation
- Emotional impact: embarrassment, anticipatory fear of permanence
- Individualisation: totality matched to remedy sphere

Prescription

Rx (Initial):

1. Berberis aquifolium – Mother tincture / potency as per clinic protocol
2. Supportive measures: Photoprotection advice, hydration, avoidance of harsh scrubs/irritants
3. Follow-up frequency: Every 2–3 weeks (six sessions)

(Potency and repetition were decided according to patient response and susceptibility; no prior medication history supported good remedy response.)

Follow-Up

Follow-Up 1 (After ~2 weeks)

- Patient reported mild lightening of marks on cheeks
- Tanning slightly reduced
- Emotional state: less worried, still checking mirror frequently
- Plan: Continue same remedy and supportive care

Follow-Up 2 (After ~4 weeks)

- Noticeable fading of pigmentation patches
- No new spots
- Confidence slightly improved; patient started attending social outings comfortably
- Plan: Continue prescription

Follow-Up 3 (After ~6 weeks)

- ~50–60% improvement in pigmentation visibility
- Cheeks clearer, uneven tone reducing
- Emotional improvement: embarrassment decreased; patient stopped avoiding photos
- Plan: Continue prescription with monitoring

Follow-Up 4 (After ~8 weeks)

- Marked improvement; pigmentation only faint in bright light
- Facial tone more uniform
- HRQL: improved self-image, better social comfort
- Plan: Continue prescription

Follow-Up 5 (After ~10 weeks)

- Residual marks almost negligible
- Patient expressed relief and satisfaction
- No relapse noted
- Plan: Continue as needed; reinforce sun protection

Follow-Up 6 (After ~12 weeks)

- No visible marks on cheeks
- Facial tone restored; tanning significantly reduced
- Patient reported full confidence restoration
- Outcome: Complete clinical clearance of post-varicella marks
- Plan: Observation phase and lifestyle advice

Transformation Table

Parameter	Before Treatment	After 6 Sessions at Dr Batra's®
Facial hyperpigmentation marks	Multiple prominent marks on cheeks	No visible marks
Facial tanning	Present, uneven tone	Significantly reduced
Psychological impact	Embarrassed, anxious marks won't go	Confident, relieved
Social behaviour	Avoided photos / close interaction	Normal social comfort
HRQL	Disturbed, low self-image	Improved self-esteem
Remission	Nil	Sustained clearance (no relapse during observation)

Outcome Assessment

- Primary endpoint: Visual clearance of post-chickenpox facial marks
- Secondary endpoints: HRQL improvement, reduction in tanning, confidence restoration
- Final Result: Complete clinical clearance after six sessions



Figure 1: Facial photographs across follow-up sessions showing progressive clearance of hyperpigmentation

Discussion

Post-varicella pigmentation is a common sequela where inflammation stimulates melanocyte activity, leading to persistent discoloration. Conventional cosmetic approaches often provide slow improvement and may be inconsistent depending on skin type and sun exposure. In this case, the patient's distress was strongly linked to facial appearance, making mental symptoms highly characteristic and clinically relevant. Classical homeopathy considers the individual's susceptibility and emotional response as part of the totality, rather than treating pigmentation alone. Repertorisation supported a remedy having strong affinity for facial hyperpigmentation and post-inflammatory discoloration. The gradual, steady improvement across follow-ups aligns with a favourable prognosis in a recent, uncomplicated case without deep scarring. Additionally, HRQL improvement was significant, showing that the patient's emotional burden reduced alongside physical recovery. The case highlights the importance of consistent follow-up and remedy continuity when improvement is progressive. The absence of relapse during observation suggests stable resolution rather than temporary cosmetic masking. Such outcomes support the role of individualised homeopathic management in pigmentary disorders. Further documentation using standardised pigmentation indices and photographic scoring would

strengthen objective reporting. Larger observational studies may help validate patterns of response in similar post-exanthematous pigmentation cases.

Conclusion

This case demonstrates that persistent post-chickenpox facial hyperpigmentation with significant emotional distress can be effectively managed through classical homeopathy when individualisation, repertorisation, and follow-up are systematically applied. The totality approach addressed both the visible facial marks and the psychological impact on confidence and social comfort. Progressive reduction in pigmentation was observed across sessions, culminating in complete clearance by the end of treatment. The patient's HRQL improved markedly, reflecting holistic benefit beyond skin appearance alone. Early intervention, consistent follow-ups, and appropriate remedy selection contributed to a favourable outcome. This case reinforces the relevance of constitutional sensitivity and emotional response in dermatological case analysis. Clinical improvement without relapse during observation suggests sustained response. Overall, the case supports classical homeopathic principles in managing post-inflammatory pigmentation. A clear visible transformation was achieved at Dr Batra's® Homeopathy Clinic.

References

1. Jameson JL, Fauci AS, Kasper DL, Hauser SL, Longo DL, Loscalzo J. Harrison's Principles of Internal Medicine. 20th ed. New York: McGraw-Hill; 2018.
2. Bologna JL, Schaffer JV, Cerroni L. Dermatology. 4th ed. Philadelphia: Elsevier; 2018.
3. Wolff K, Johnson RA, Saavedra AP. Fitzpatrick's Color Atlas and Synopsis of Clinical Dermatology. 8th ed. New York: McGraw-Hill; 2017.
4. Kang S, Amagai M, Bruckner AL, Enk AH, Margolis DJ, McMichael AJ, et al. Fitzpatrick's Dermatology. 9th ed. New York: McGraw-Hill; 2019.
5. Hahnemann S. Organon of Medicine. 6th ed. New Delhi: B Jain Publishers; 2002.
6. Boericke W. Pocket Manual of Homeopathic Materia Medica. New Delhi: B Jain Publishers; 2007.
7. Kent JT. Repertory of the Homeopathic Materia Medica. New Delhi: B Jain Publishers; 2004.
8. Boger CM. Boger Boenninghausen's Characteristics and Repertory. New Delhi: B Jain Publishers; 2005.
9. Allen HC. Keynotes and Characteristics with Comparisons of Some of the Leading Remedies of the Materia Medica. New Delhi: B Jain Publishers; 2008.
10. Hering C. The Guiding Symptoms of Our Materia Medica. New Delhi: B Jain Publishers; 2000.