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A CLASSICAL HOMOEOPATHIC CASE STUDY OF CHRONIC FACIAL HYPERPIGMENTATION WITH ACNE SCARRING AND AXILLARY ERYTHRASMA TREATED AT DR BATRA'S® HOMEOPATHY CLINIC

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Abstract

Hyperpigmentation with chronic acne and post-acne scarring significantly affects self-esteem, social participation, and quality of life. This case reports a chronic, occupational sun-exposed facial hyperpigmentation with oily skin, pustular acne, and axillary discoloration (erythrasma-like presentation) in a young adult male, previously dissatisfied with multiple approaches. Individualized classical homoeopathic management was planned using totality-based prescription, repertorization, constitutional approach, and miasmatic consideration with systematic follow-ups. Marked improvement was observed in facial pigmentation, oiliness, and axillary lesions with improved confidence and social functioning.

A clear transformation occurred at Dr Batra's® Homeopathy Clinic.

Keywords

Hyperpigmentation, acne scars, oily face, erythrasma, psychosomatic impact, repertorization, classical homoeopathy, miasmatic approach, quality of life

Introduction

Facial hyperpigmentation and chronic acne with scarring are common dermatological concerns with major psychosocial burden. Prolonged sun exposure, chronic inflammation, post-inflammatory changes, and irritant reactions (e.g., deodorant-induced underarm discoloration) can contribute to persistent pigmentation. Classical homoeopathy emphasizes individualized prescribing based on the totality of symptoms, including mental generals, physical generals, and characteristic particulars, supported by repertorization and miasmatic understanding. This case

highlights a holistic approach where mental-emotional stress and self-image concerns were strongly interlinked with dermatological complaints.

Patient Information

- **Age/Sex:** 27-year-old male
- **Occupation:** Site supervisor (Railways)
- **Presenting complaints duration:**
 - Facial hyperpigmentation and oily face: 2 years
 - Acne (pustular) with scars: ~18 years
 - Underarm discoloration after deodorant spray exposure: persistent (burning initially)
- **Provisional Diagnosis:** Hyperpigmentation with acne scars and oily skin
- **Associated condition:** Underarm lesions consistent with erythrasma-like discoloration
- **Differential diagnosis considered:** Allergic contact dermatitis (deodorant-related), chronic post-inflammatory pigmentation

Chief Complaints

- **1.** Facial hyperpigmentation – blackish, dull, ashy discoloration with visible pores and spots; aggravated due to regular sun exposure at work (2 years).
- **2.** Oily face – persistent greasiness with profuse, offensive perspiration mainly on the face.
- **3.** Acne (pustular) with scars – long-standing with multiple residual scars and uneven facial texture (18 years).
- **4.** Underarm discoloration – started after spray deodorant use; initial burning sensation subsided but discoloration persisted; lesions gradually fading with treatment.

History of Present Illness

The patient developed progressive facial pigmentation over the last two years, temporally associated with outdoor occupational sun exposure. Alongside, he had chronic oily skin and recurrent pustular acne since adolescence, leaving significant scarring and uneven skin texture. Underarm discoloration began after using a spray deodorant, initially with burning, later leaving persistent dark patches. The skin complaints led to marked embarrassment, avoidance of social gatherings, and reduced confidence.

Past History: Not significant

Family History: Not significant

Physical Generals

- **Thermals:** Chilly patient, prefers covering
- **Bathing:** Prefers hot water

- **Seasonal preference:** Winter
- **Appetite:** Normal
- **Thirst:** Normal
- **Desires:** Chicken, egg, mutton
- **Aversion:** Nil reported
- **Urine/Stool:** Normal
- **Perspiration:** Profuse, offensive; predominantly on face
- **Sleep:** Refreshing; position on back
- **Dreams:** Work-related; success themes

Mental Generals

Since childhood, the patient grew up with noticeable financial struggles, which shaped a strong sense of responsibility and dedication toward improving life circumstances. He was good in studies, disciplined, and developed a personality that appeared calm and friendly, with an emotional side especially triggered on seeing poor or suffering individuals. Over time, he became increasingly committed to work, tolerating stress without outward expression, and although he could feel anger, he typically suppressed it rather than expressing it openly. In recent months, the emotional state significantly worsened following a major relationship crisis – his wife left him, leading to feelings of being deserted, deep sadness, and insecurity. He developed a persistent fear that any future partner may also abandon him, with a strong comparison-based insecurity related to appearance and worth. The skin complaints further amplified his self-consciousness, leading to avoidance of functions and a marked loss of confidence.

Life Space

- **Family:** Lives with parents and two sons; marital separation is a major emotional stressor.
- **Upbringing:** Financial hardship in childhood; strong drive to succeed.
- **Education:** Good scholastic performance.
- **Work environment:** Slightly stressful due to responsibilities and outdoor exposure.
- **Personality:** Calm, friendly, emotionally sensitive, dedicated; anger suppressed.
- **Major stressor:** Desertion/separation (wife left), leading to fear of abandonment and low confidence.

Clinical Examination

- **Face:** diffuse dull/ashy hyperpigmentation with prominent pores; oily sheen; pustular acne lesions with multiple old scars.
- **Axilla:** dark patches with history suggestive of irritant/contact reaction; erythema reduced over follow-ups and gradual fading noted.

Homeopathic Case Analysis

Characteristic Symptoms (Totality of Symptoms)

Mental generals

- Feeling deserted after spouse separation
- Fear of abandonment in future relationships
- Low confidence; avoids social functions due to appearance
- Suppressed anger

Physical generals

- Chilly patient; prefers covering
- Profuse, offensive perspiration on face
- Hot water bathing preference
- Dreams of work and success

Particulars

- Facial hyperpigmentation (ashy/blackish), oily skin
- Pustular acne with scars since adolescence
- Underarm discoloration after deodorant spray; persistent patches (erythrasma-like)

Repertorial Rubrics

- 1. FACE – DISCOLORATION – ashy
- 2. FACE – DISCOLORATION
- 3. FACE – DISCOLORATION – deathly
- 4. FACE – OILY
- 5. FACE – ERUPTIONS – acne – pustular
- 6. FACE – ERUPTIONS – acne – scars; with
- 7. SKIN – DISCOLORATION
- 8. SKIN – DISCOLORATION – bluish
- 9. MIND – DESERTED
- 10. MIND – INDIFFERENCE – sex; to opposite

Remedies	bell.	sulph.	puls.	lach.	sul-ac.	ars.	ferr.	phos.	kali-br.	merc.	thuj.	lyc.	sep.	verat.	nit-ac.	sec.	arn.	kali-bl.	sil.	ant-c.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Symptoms Covered	5	5	5	4	4	4	4	4	4	4	4	3	3	3	3	3	3	3	3	3
Intensity	8	8	6	8	8	7	7	6	5	5	5	6	6	6	5	5	4	4	4	3
Result	5/8	5/8	5/6	4/8	4/8	4/7	4/7	4/6	4/5	4/5	4/5	3/6	3/6	3/6	3/5	3/5	3/4	3/4	3/4	3/3
Clipboard 1																				
FACE - DISCOLORATION - ashy		1		2		2	2	2	1			2		1		1		1		
FACE - DISCOLORATION																				
FACE - DISCOLORATION - deathly						1														
FACE - OILY																				
FACE - ERUPTIONS - acne - scars; with	1								1	1	1								2	
FACE - ERUPTIONS - acne - pustular									1	1										
EXTREMITIES - DISCOLORATION - Ankle																				
EXTREMITIES - DISCOLORATION - Upper limbs - blotches																				
EXTREMITIES - DISCOLORATION - Upper limbs	3	3	1	2	3	2	1	2		2	2	2	1	2	2	2	1	2	1	1
SKIN -																				

Figure 1: Repertorial chart showing remedy differentiation across selected rubrics.

Repertorization & Remedy Differentiation

Repertorization highlighted remedies covering the combined sphere of discoloration, oily face, pustular acne, and deserted feeling along with constitutional features. Differential remedies considered included:

- **Natrum muriaticum** (grief, reserved, pigmentation)
- **Belladonna** (acute inflammatory tendencies)
- **Hepar sulphuris** (suppuration, hypersensitivity)
- **Arsenicum album** (anxiety, insecurity, skin complaints)

Final selection was based on the most individualizing totality including offensive perspiration, chronicity, constitutional picture, and mental state post-desertion.

Miasmatic Assessment

The chronicity of acne with scarring, pigmentation tendency, and recurrent skin involvement suggested a mixed miasmatic background, predominantly psoric-sycotic expression (functional imbalance with tendency to hyperpigmentation, oiliness, chronic skin changes), with stress acting as a maintaining factor.

Prescription

Potency rationale: 200C selected considering chronicity, constitutional involvement, and depth of complaint expression.

Medicines prescribed during course (as per case record):

- **Sulphur 200C**
- **Thuja 200C**
- **Silicea 200C**
- **Berberis aquifolium (therapeutic support)**

Follow-up Table

Follow-up No.	Date	Patient-reported changes	Clinical observation	Plan/Prescription
1	Baseline	Hyperpigmentation ++, oily face ++, acne pustular + scars, underarm dark patches	Ashy-blackish face discoloration; pores prominent; offensive facial perspiration	Constitutional Rx started (200C) + therapeutic support
2	22/10/2025	Confidence low; avoids functions; wants visible improvement	Pigmentation prominent; acne scars old	Continue medicines; lifestyle counselling
3	04/11/2025	Reports early improvement in facial dullness	Slight reduction in oiliness	Continue same plan
4	20/11/2025	“Overall betterment in pigmentation”; happy with results	Face pigmentation reduced; oiliness reduced	Continue constitutional approach
5	20/11/2025	Stable improvement; feels better socially	Acne active lesions reduced	Continue Rx as per response
6	01/12/2025	Further improvement; more confident	Underarm lesions fading gradually	Continue Rx
7	19/12/2025	Underarm patches improving day by day	Erythrasma-like discoloration lightening	Continue Rx; monitor
8	19/12/2025	“Better than before” overall	Facial tone improved; less greasiness	Continue Rx
9	Month 6 (approx.)	Attending functions; confidence improved	Pigmentation significantly reduced; scars persist	Continue + address scar care expectations
10	Month 8 (end)	Happy with improvement; acne stable; underarm discoloration reduced	Overall stable skin improvement maintained	Maintenance + long-term counselling

Transformation Table

Parameter	Before Treatment	After Treatment (8 months)
Facial pigmentation	Ashy-blackish, prominent discoloration	Markedly reduced; improved facial tone
Oily skin	Persistent oily face	Oiliness reduced significantly
Acne activity	Pustular acne with frequent flare-ups	Active acne reduced; more stable skin
Acne scars	Multiple old scars	Scars remained but overall appearance improved
Underarm discoloration	Persistent dark patches post-deodorant; burning initially	Lesions fading gradually; lightening observed
Perspiration	Profuse, offensive facial sweating	Reduced intensity reported clinically
Confidence	Avoided functions; low self-esteem	Improved confidence; attending functions
Emotional state	Deserted feeling; fear of abandonment	More stable coping and improved outlook



Figure 2: Axillary discoloration before and after treatment.

Discussion

This case demonstrates a classical homoeopathic approach in a chronic dermatological condition with strong psychosocial impact. The patient's facial hyperpigmentation was closely linked to occupational sun exposure and long-standing inflammatory acne. Persistent underarm discoloration following deodorant use suggested a contact/irritant trigger with residual pigmentation and erythrasma-like changes. The case required a constitutional framework

because the complaints were not isolated skin symptoms but part of a broader disturbance involving thermals, perspiration, and mental-emotional state. The mental state of feeling deserted after marital separation significantly affected self-worth and social functioning. Repertorization supported remedies covering discoloration, oily face, pustular eruptions, and the deserted feeling, while remedy differentiation ensured individualized selection. The potency choice (200C) aligned with chronicity and constitutional susceptibility. Follow-ups showed steady improvement in pigmentation, reduction in oiliness, and gradual fading of axillary lesions, alongside improved confidence and social participation. This highlights the importance of integrating LSMC, totality, and miasmatic understanding in chronic skin cases. The outcome also supports the value of structured follow-up documentation for clinical accountability. Overall, individualized homoeopathic treatment contributed to both dermatological improvement and emotional rehabilitation.

Conclusion

Chronic facial hyperpigmentation with acne scarring and axillary discoloration can substantially impair quality of life. This case emphasizes that treating only the skin surface is often insufficient when deeper constitutional and emotional factors maintain the complaint. A complete homoeopathic case evaluation including LSMC, mental generals, physical generals, and characteristic particulars guided the prescription. Repertorization helped systematically validate the remedy choice from the totality. Miasmatic consideration supported long-term planning for chronicity and recurrence tendency. Over eight months, the patient experienced marked reduction in facial pigmentation and oiliness with improved stability of acne lesions. Underarm discoloration also improved gradually with reduction in lesion intensity. Importantly, the patient's confidence improved and avoidance behavior reduced, reflecting holistic benefit. Such outcomes highlight the scope of individualized homoeopathy in chronic dermatological conditions with psychosomatic overlays. The case underlines the value of regular follow-up and patient-centered counselling for sustained improvement.

A measurable clinical and emotional transformation was achieved at Dr Batra's® Homeopathy Clinic.

References

1. Kent JT. Lectures on Homoeopathic Philosophy. New Delhi: B Jain Publishers; Reprint edition.

2. Hahnemann S. Organon of Medicine. 6th ed. New Delhi: B Jain Publishers; Reprint edition.
3. Boericke W. Pocket Manual of Homoeopathic Materia Medica & Repertory. New Delhi: B Jain Publishers; Reprint edition.
4. Allen HC. Keynotes and Characteristics with Comparisons of Some of the Leading Remedies of the Materia Medica. New Delhi: B Jain Publishers.
5. Clarke JH. A Dictionary of Practical Materia Medica. New Delhi: B Jain Publishers.
6. Murphy R. Homoeopathic Medical Repertory. 3rd ed. New Delhi: B Jain Publishers.
7. Banerjee SK. Miasmatic Prescribing: Its Philosophy, Diagnostic Classification, Clinical Tips and Practice. New Delhi: B Jain Publishers.
8. Sarkar BK. Repertory of Homoeopathic Materia Medica. New Delhi: B Jain Publishers.
9. Tiwari SK. Essentials of Repertorization. 5th ed. New Delhi: B Jain Publishers.
10. Kapoor B. The Mental Symptoms in Homoeopathy. New Delhi: B Jain Publishers.