



Original Research Article	Volume 15 Issue 08	August 2026
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BEYOND PIGMENTATION: A LONGITUDINAL CASE REPORT OF FACIAL MELASMA AT DR BATRA'S

Dr Prakash Jha

Chief Homeopathic Consultant, Miraroad Branch

BHMS

Dr Batra's Positive Health Clinic PVT Ltd,

chc-miraroad@drbatras.com

DOI: <https://doi.org/10.5281/zenodo.22031922>

Abstract

Background: Melasma is a common acquired hyperpigmentary disorder predominantly affecting the face. Its clinical course may be influenced by ultraviolet exposure, hormonal factors and individual susceptibility. Acne and menstrual irregularity may coexist and complicate management.

Case Presentation: A 40-year-old female homemaker presented with pigmentation over both cheeks and forehead for approximately three years. There was no itching. She reported recurrent acne, particularly around the premenstrual period, and had previously developed acne after using an unidentified topical product. Initially, she was not using sunscreen. Her menstrual history was notable for an episode of amenorrhea lasting approximately three months, followed by initially regular cycles and later intermittent menstrual irregularity. Investigations in April 2026 showed Hb 11.2 g/dL, vitamin D 19.51, ferritin 9, TSH 2.95 and HbA1c 5.1%. During follow-up, facial pigmentation was documented as reduced, with only mild tanning noted in May 2026.

Conclusion: This case demonstrates a fluctuating course of facial pigmentation associated with recurrent acne and menstrual irregularity, with documented periods of clinical improvement during longitudinal follow-up. The case also emphasizes the importance of sun protection, hormonal/menstrual assessment and correction of documented nutritional deficiencies. Because objective pigmentation scoring and histopathological assessment were not performed, the clinical outcome should be interpreted cautiously.

Keywords: Melasma; facial pigmentation; acne; menstrual irregularity; hyperpigmentation; longitudinal case report.

1. Introduction

Facial hyperpigmentation is a common dermatological concern in women and can have a substantial cosmetic and psychological impact. Melasma is characterized by acquired, usually symmetrical hyperpigmented macules or patches involving predominantly the face.

Multiple factors may contribute to facial pigmentation, including ultraviolet exposure, hormonal influences and individual susceptibility. Long-term management generally requires photoprotection and appropriate topical or procedural treatment.

The present case describes a **40-year-old female with facial pigmentation for three years**, predominantly affecting both cheeks and forehead, accompanied by recurrent acne and menstrual irregularity. The longitudinal record provides follow-up observations over 2026, including documented reduction in pigmentation followed by increased pigmentation and recurrence of acne.

2. Case Presentation

2.1 Patient profile

- **Age:** 40 years
 - **Sex:** Female
 - **Occupation:** Housewife
 - **Residence/background:** Born and brought up in Mangalore
 - **Marital status:** Married
 - **Children:** Two
 - **Diet:** Pure vegetarian
 - **Family:** Husband, one son and one daughter
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3. Chief Complaints

Primary complaint

Facial pigmentation for approximately 3 years

Distribution

- Bilateral cheeks
- Forehead

Associated features

- No itching
 - Recurrent acne
 - Acne particularly around menstruation
 - Previous acne after use of an unidentified topical product
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4. History of Present Illness

The patient had pigmentation over both cheeks and forehead for approximately three years.

There was **no associated itching**.

The pigmentation was the primary cosmetic concern. The patient had also experienced acne after using an unidentified topical preparation. Acne was reported to occur particularly around the menstrual period.

At the initial documentation, the patient was **not using sunscreen**.

She was using:

- **Aquifolium cleanser**, twice daily
- **Aquifolium cream**, once at night

The patient had also experienced menstrual irregularity. Menstruation had reportedly occurred after an interval of approximately three months in May 2025, following which cycles were initially regular.

5. Menstrual History

- Menarche: 15–16 years
- Previous menstrual irregularity
- Three-month interval without menstruation, followed by return of cycles
- Subsequently reported regular cycles initially
- Later intermittent irregularity noted during follow-up

At the July 2026 visit, the menstrual flow was documented as scanty for that cycle, lasting approximately two days.

On **8 August 2026**, the patient reported that menstruation had occurred after approximately **1.5 months**.

There was no documented diagnosis of PCOS/PCOD in the supplied record.

6. General Physical Characteristics

Parameter	Finding
Appetite	Normal
Diet	Pure vegetarian
Cravings	Ice cream, idli, dosa
Aversion	Radish
Water intake	5–6 glasses/day
Thermal state	Cannot tolerate cold
Stress	Reported as nil
Sleep	Not specifically described as abnormal
Physical activity	Not documented
Weight	Approximately 52–53.5 kg during follow-up

7. Mental and Emotional Profile

The detailed case-taking documented several characteristic mental features:

- Anger easily
- Anger expressed by shouting
- Throwing/hitting during anger
- Less talkative
- Does not mix easily
- Few close friends
- Emotional
- Weeping tendency
- Fastidiousness ++++
- Straightforward communication
- Low confidence
- Stage fear

- Desire for company
- Reserved social pattern
- Able to make decisions
- Not dominating
- Not diplomatic
- Fear of snakes
- Strong attachment to family

The patient described her childhood as good, with no major difficulties.

She was born and brought up in Mangalore. Her father was involved in the hotel business. She had an arranged marriage and reported good family relationships.

Her hobbies included:

- Drawing
- Cooking
- Travelling

The happiest moment specifically described was meeting her parents in the village.

8. Family History

Family member Medical history

Mother	Hypertension
Father	Diabetes mellitus and hypertension
Patient	No other major associated illness documented

9. Past History

No significant past medical history was documented.

The patient had undergone **two LSCS deliveries**, with children aged approximately 17 years and 12 years.

10. Clinical Course and Follow-up

Baseline

At presentation, the major concern was facial pigmentation involving both cheeks and forehead, with recurrent acne and absence of itching.

The patient was not using sunscreen at baseline.

April 2026

The patient weighed approximately **52.8 kg**.

Acne was reported predominantly over the right cheek after discontinuing the previous cream and was described as better compared with the previous episode.

No itching or burning was reported.

Photographs were taken and compared, and blood investigations were advised.

April 2026 – Investigations

The available reports showed:

Investigation Result

Hb	11.2 g/dL
Vitamin D	19.51
Ferritin	9
TSH	2.95
HbA1c	5.1%

The record subsequently documents advice for nutritional supplementation, including **R.B. Tone** and **vitamin D3 supplementation**.

May 2026

A significant clinical improvement was documented.

Dermatological outcome:

- Facial pigmentation **reduced**
- Only slight tanning was visible
- No itching

The patient had travelled to her village, which was associated with tanning.

Importantly, by this visit she had started:

- Daily sunscreen

- Twice-daily face washing

Sleep was reported as sound.

July 2026

The patient weighed approximately **52.8 kg**.

Menstrual flow was reported to be scanty during the previous cycle, lasting approximately two days.

Migraine symptoms had also improved significantly, with the last reported headache occurring in May 2026.

August 2026

At the latest documented follow-up:

- Weight: approximately 52.2 kg
- Facial pigmentation appeared **darker**
- Pustular acne had occurred approximately one week earlier
- Menstruation had occurred after approximately 1.5 months
- Migraine had occurred recently
- One dose of allopathic medication was reportedly required
- Vitamin D supplementation was continued
- R.B. Tone was continued
- Vitamin B-complex supplementation was advised
- Dietary advice included salads and sprouts

Documented prescription:

- **Sepia 1M**
- **Berberis aquifolium mother tincture**

11. Outcome Table

Clinical parameter	Earlier status	Follow-up status
Facial pigmentation	Present over cheeks and forehead for 3 years	Reduced by May 2026

Clinical parameter	Earlier status	Follow-up status
Tanning	Present, particularly after outdoor exposure	Mild tanning in May
Itching	Absent	Remained absent
Acne	Recurrent, particularly around menses	Reduced initially; pustular acne recurred in Aug 2026
Menstrual cycle	Previously irregular	Regular initially, later 1.5-month interval
Sleep	No major complaint documented	Sound in May
Weight	~52 kg	52.2–53.5 kg
Migraine	Long-standing	Improved significantly by July
Sunscreen	Not using initially	Using daily by May
Skin-care	Aquifolium cleanser/cream	Continued skin-care measures
Overall pigmentation	Active concern	Improved, but darker again in Aug

12. Investigation Interpretation

The laboratory findings identified several clinically relevant abnormalities.

Hemoglobin – 11.2 g/dL

This is below the usual adult female reference range and is consistent with **mild anemia**.

Ferritin – 9

The low ferritin suggests **reduced iron stores**, which is clinically relevant in a woman with menstrual irregularity.

Vitamin D – 19.51

This indicates **low vitamin D status** according to commonly used clinical thresholds.

TSH – 2.95

TSH was within the usual reference range and does not indicate biochemical hypothyroidism based on this value alone.

HbA1c – 5.1%

This is within the normal range and does not suggest diabetes based on HbA1c.

13. Homeopathic Assessment

The case record demonstrates a constitutional assessment based on:

- Emotional sensitivity
- Weeping tendency
- Easy anger
- Fastidiousness
- Reserved social interaction
- Low confidence
- Desire for company
- Menstrual irregularity
- Facial pigmentation
- Recurrent acne

The latest documented constitutional prescription was:

Sepia 1M

The acute/local prescription documented was:

Berberis aquifolium mother tincture

The supplied record does not provide a detailed written rationale for the potency or exact prescribing strategy at the August 2026 visit; therefore, this paper does not add an unsupported remedy rationale.

Remedies	adam.	dioxi.	caust.	puls.	bell.	calc.	ferr.	kali-br.	nat-m.	op.	sep.	alum.	anan.	ancis-p.	arge-pl.	arg-met.	arg-n.	aster.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Symptoms Covered	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Intensity	2	2	3	3	2	2	2	2	2	2	2	1	1	1	1	1	1	1
Result	2/2	2/2	1/3	1/3	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/1	1/1	1/1	1/1	1/1	1/1	1/1
Clipboard 1																		
MIND - ANGER - easily - consolation amel.	1																	
MIND - TALKATIVE																		
MIND - WEEPING - easily	1	1	3	3	2	2	2	2	2	2	2	1	1	1	1	1	1	1
MIND - EMOTIONS - strong; too		1																
MIND - FEAR - water, of - deep																		

14. Discussion

This case illustrates a multifactorial presentation of facial pigmentation accompanied by recurrent acne and menstrual irregularity.

The pigmentation was present for approximately three years and predominantly involved the cheeks and forehead. The record does not explicitly document a Wood's lamp examination, dermoscopic assessment or histopathological confirmation. Therefore, while the clinical presentation may be compatible with melasma, the paper should preferably refer to it as **facial pigmentation/clinically suspected melasma** unless the diagnosis was independently established.

A notable feature was the relationship between the pigmentation and sun exposure. The patient was initially not using sunscreen, and after travelling to her village she developed tanning despite overall reduction in pigmentation. Subsequent documentation indicates that she started daily sunscreen use.

Acne was another recurrent feature. It was reported particularly around menstruation, and episodes also followed topical product exposure. The recurrence of pustular acne in August 2026 occurred alongside menstrual irregularity.

The laboratory assessment identified **low ferritin, mild anemia and low vitamin D**, providing potentially correctable nutritional abnormalities. The record subsequently documented supplementation and dietary advice.

Menstrual irregularity also warrants clinical attention. Although there was no documented diagnosis of PCOS/PCOD, the recurrence of a 1.5-month interval between menstrual cycles suggests that continued menstrual monitoring would be appropriate.

The psychological profile was notable for emotional sensitivity, easy anger, weeping tendency, fastidiousness and low confidence. However, the patient reported **no major current stress**, making the emotional features part of the broader constitutional assessment rather than a documented precipitating factor for the pigmentation.

The clinical course demonstrates an important point: **improvement was not completely linear**. Pigmentation reduced considerably by May 2026 but appeared darker again in August 2026, while pustular acne also recurred. Thus, the case should not be presented as complete or permanent resolution.

15. Clinical Outcome

The best-supported outcome from the supplied record is:

Partial clinical improvement in facial pigmentation during follow-up, with subsequent fluctuation and recurrence of acne and increased pigmentation by August 2026.

There is insufficient information to calculate a reliable percentage reduction in pigmentation.

For a scientific presentation, this should therefore **not** be reported as “100% cured” or “complete clearance.”



16. Learning From the Case

1. Pigmentation requires long-term management

Improvement may occur but can fluctuate with sun exposure and other contributing factors.

2. Photoprotection is essential

The patient's improvement coincided with initiation of daily sunscreen, while subsequent tanning was noted after outdoor exposure.

3. Acne and menstrual irregularity may coexist

The patient's acne showed a temporal relationship with menstruation, making menstrual history important during follow-up.

4. Correct associated deficiencies

Low ferritin, mild anemia and low vitamin D were identified and addressed with supplementation/dietary advice.

5. Document objectively

Serial standardized photographs and pigmentation scoring would substantially strengthen future assessment.

Conclusion

This case describes a **40-year-old woman with three-year facial pigmentation involving the cheeks and forehead, associated with recurrent acne and menstrual irregularity**. The longitudinal course showed measurable clinical improvement in pigmentation by May 2026, coinciding with improved photoprotection and supportive management, followed by renewed darkening and pustular acne in August 2026.

Laboratory evaluation identified **mild anemia, low ferritin and low vitamin D**, while HbA1c and TSH were within the documented expected range. The case highlights the importance of evaluating nutritional status, menstrual patterns, acne triggers and sun exposure in women presenting with chronic facial pigmentation.