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HOMOEOPATHIC MANAGEMENT OF FACIAL HYPERPIGMENTATION ASSOCIATED WITH ACNE: A CASE REPORT AT DR BATRA'S

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Abstract

Facial hyperpigmentation associated with acne is a common dermatological concern that can have a significant psychosocial impact, particularly in individuals who are highly conscious of their appearance. Conventional management may require prolonged treatment and often involves addressing both active acne and residual pigmentation. This case report describes a patient presenting with long-standing facial hyperpigmentation associated with acne, which had reportedly developed after relocation to Delhi and persisted despite multiple previous skin treatments.

The patient was a working woman employed in sales in a private firm, with associated occupational stress, disturbed sleep, dry skin and concerns regarding skin appearance. The case-taking revealed prominent emotional characteristics, including a history of love disappointment, silent grief, emotional sensitivity, family-related stress, discord in the marital relationship and anxiety regarding her own health. The patient also reported a strong desire for spicy food.

A detailed individualised case assessment and repertorisation were undertaken. **Ignatia** was selected as the constitutional prescription based on the prominent emotional picture, particularly silent grief and ailments following love disappointment. **Thuja** was considered as an intercurrent prescription, while **Berberis aquifolium** was used as an acute/specific prescription for the facial skin presentation.

The case demonstrates the importance of comprehensive individualisation in patients presenting with chronic skin complaints, where the presenting dermatological symptoms are considered alongside physical generals, mental-emotional characteristics, lifestyle and contextual factors. Objective dermatological assessment and longitudinal photographic documentation are important for evaluating treatment response in such cases.

Keywords: Facial hyperpigmentation, Acne, Homoeopathy, Individualisation, Ignatia, Silent grief, Love disappointment, Case report

Introduction

Facial acne and post-inflammatory hyperpigmentation are frequent dermatological concerns, particularly among young and middle-aged women. Acne may produce persistent inflammatory lesions followed by residual pigmentation, while environmental exposure, ultraviolet radiation, skin barrier dysfunction and inappropriate or excessive use of skin-care products may further influence the appearance of facial pigmentation.

For many patients, facial skin disorders extend beyond the physical complaint. The visibility of the condition can affect self-image, confidence, social interaction and emotional well-being. Consequently, a complete clinical assessment should not be restricted to the appearance of the skin alone.

In an individualised homoeopathic approach, the presenting complaint is evaluated together with characteristic modalities, physical generals, mental-emotional characteristics, personal history, lifestyle and relevant maintaining factors. The aim is to construct a complete individual picture rather than prescribing solely on the diagnostic label.

The present case was selected because of the chronicity of facial hyperpigmentation and acne, the lack of satisfactory response to multiple previous skin treatments as reported by the patient, and the presence of a distinctive emotional background characterised by **silent grief and love disappointment**.

Case Presentation

Patient profile

The patient was a female presenting with a long-standing complaint of **facial hyperpigmentation associated with acne**.

She was employed in **sales in a private firm** and reported occupational stress. The skin problem had started after she moved to **Delhi** and had persisted for several years.

She had undergone **multiple skin treatments previously**, but reported no satisfactory relief.

Chief Complaints

The principal complaints were:

- Facial hyperpigmentation
- Acne over the face
- Persistent skin spots/pigmentation
- Dryness of facial skin
- Lack of adequate skin moisture
- Concern regarding facial appearance

The patient had been using branded skin-care products regularly.

History of Present Complaint

The facial pigmentation and acne had been present for many years.

According to the patient, the condition began after she reached Delhi. Despite undergoing several skin treatments, satisfactory improvement had not been achieved.

The chronic skin complaint subsequently became an important source of concern to the patient.

An AI-based skin analysis was also performed and reportedly demonstrated:

- Dry skin
- Reduced skin moisture
- Presence of spots
- UV-related spots
- Issues related to skin elasticity

The patient was continuing branded skin-care products at the time of consultation.

Past History

There was a history of **eczema**.

No other significant past medical history was reported in the available case record.

Family History

The patient's father was employed in a private job and her mother was a homemaker.

She had two siblings.

No significant hereditary dermatological history was reported.

Personal and Social History

Occupation

The patient was working in a private firm in a sales role.

She reported occupational/work-related stress.

The nature of her occupation involved regular professional responsibilities and associated mental pressure.

Diet

Appetite was reported as good.

There was a definite desire for **spicy food**.

Sleep

Sleep was disturbed.

Bowels

Stools were normal.

Energy

Energy levels were reported to be better at the time of assessment.

Life-Space History

The patient reported that there had been discord between her parents during her upbringing.

Because both parents were occupied with work, she stayed with her grandparents for a period of her childhood.

She described herself as an average student and reported occasional discord with siblings.

The childhood environment therefore included family-level emotional experiences that formed an important part of the patient's background.

Marital and Emotional History

A significant emotional component emerged during detailed case-taking.

The patient reported:

- **Love disappointment**
- **Silent grief**
- Emotional sensitivity
- Family-related stress
- Discord with her husband
- Feeling that her husband was not understanding
- Suspicion within the marital relationship
- Anxiety regarding her own health
- Being easily offended
- Anger when contradicted
- Strong affection toward her child
- Sociability
- Emotional responsiveness

She described herself as a conscientious person.

The marital discord was particularly significant to her emotional state. She felt that her husband was not sufficiently understanding and that his suspicious nature contributed to emotional distress.

Her happiest moments were associated with her **child**.

Mental Generals

Table 1: Mental Generals

Mental characteristic	Case finding
Emotional sensitivity	Marked
Silent grief	++
Love disappointment	++
Family stress	+++

Mental characteristic	Case finding
Marital discord	+++
Anxiety regarding health	Present
Conscientiousness	++
Sociability	++
Affectionate nature	++
Easily offended	Present
Anger	Mainly on contradiction
Emotional nature	Marked
Sensitivity	Marked

The emotional picture was considered more characteristic than the nonspecific physical symptoms.

Physical Generals

Table 2: Physical Generals

Parameter	Finding
Appetite	Good
Craving	Spicy food +
Stool	Normal
Sleep	Disturbed
Energy	Better
Thermals	Ambithermal
Bathing	Cold water
Perspiration	Normal
Perspiration odour	Non-offensive
Perspiration staining	None
Urine	N/A

Dermatological Examination

The patient presented with facial hyperpigmentation associated with acne.

The available skin assessment indicated:

- Dry skin
- Reduced moisture
- Facial spots
- UV-related spots
- Reduced/altered skin elasticity
- Acne-associated pigmentation

The patient was particularly concerned about the persistent pigmentation because of its visibility on the face.

Clinical Assessment

The case was clinically considered as:

Facial acne with associated hyperpigmentation / post-acne pigmentation

with associated skin dryness and impaired skin moisture.

The history of eczema was noted as a relevant past dermatological history.

The patient had already undergone several cosmetic/dermatological skin treatments without satisfactory relief according to her history.

Individualisation of the Case

The case was not individualised merely on the basis of the diagnosis of acne or hyperpigmentation.

The most characteristic features obtained during case-taking were:

Mental-emotional sphere

Silent grief Love disappointment Emotional suppression Emotional sensitivity Marital discord
Family-related stress Anxiety regarding health Easily offended Anger from contradiction

Physical generals

Desire for spicy food Disturbed sleep Dry skin

Among these, the emotional characteristics were considered particularly individualising.

Repertorial Analysis

The repertorial analysis included the following characteristic rubrics:

Table 3: Repertorial Analysis

Sphere	Characteristic symptom
Mind	Ailments from love disappointment
Mind	Grief, silent
Generalities	Food and drinks – spices – desire
Physical generals	Dryness of skin
Sleep	Disturbed

The repertorisation demonstrated **Ignatia** prominently represented in the characteristic mental-emotional symptom complex.

The selection therefore proceeded from the totality rather than from the diagnosis of acne alone.

Remedies	nat-m.	aur.	aur-m-n.	ph-ac.	phos.	staph.	sulph.	carc.	nux-v.	sep.	ign.	coff.	puls.	symp.	aq-mar.	aur-s.	bell.	calc-p.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Symptoms Covered	3	3	3	3	3	3	3	3	3	3	2	2	2	2	2	2	2	2
Intensity	8	6	6	6	5	5	5	4	4	3	7	4	4	4	3	3	3	3
Result	3/8	3/6	3/6	3/6	3/5	3/5	3/5	3/4	3/4	3/3	2/7	2/4	2/4	2/4	2/3	2/3	2/3	2/3
Clipboard 3																		
MIND - AILMENTS FROM - love; disappointed	4	3	2	3	1	3	1	1	1	1	4	2				2	2	2
MIND - GRIEF - silent	3	2	2	2	1	1	1	1	1	1	3	2	2	3	2		1	
GENERALS - FOOD and DRINKS - spices - desire	1	1	2	1	3	1	3	2	2	1			2	1	1	1		1

Figure 1: Repertorization Chart

Remedy Selection

Constitutional Remedy – Ignatia

Ignatia was selected as the constitutional prescription.

The major basis for selection was the patient's characteristic emotional picture:

- Silent grief
- Love disappointment
- Emotional sensitivity
- Suppressed emotional experiences
- Marital emotional distress
- Easily offended nature
- Emotional reaction to contradictions

The repertorial result also supported Ignatia as the leading constitutional remedy.

The prescription was therefore based primarily on the **individualised mental-emotional totality**, rather than simply prescribing for facial acne.

Intercurrent Remedy – Thuja

Thuja was considered as an intercurrent prescription in the case.

The repertorial/clinical record documented Thuja under the intercurrent category with the stated rationale of addressing the underlying miasmatic consideration.

Acute / Specific Prescription – Berberis aquifolium

Berberis aquifolium 30 was recorded as the acute/specific prescription for the skin presentation.

The rationale documented in the case was its use in relation to the facial skin complaint.

Treatment Plan

The treatment plan documented in the case was:

Table 4: Treatment Plan

Prescription category	Remedy	Rationale
Constitutional	Ignatia	Silent grief, love disappointment and emotional sensitivity
Intercurrent	Thuja	Miasmatic/intercurrent consideration
Acute / Specific	Berberis aquifolium 30	Facial skin complaint

Skin-care and routine measures were also advised according to clinical requirement.

The patient was advised to continue appropriate skin care and avoid unnecessary changes or excessive use of multiple topical products.



Figure 2: Before and After Clinical Photographs

Follow-up and Outcome Assessment

The available record indicates that the patient had a chronic course of facial hyperpigmentation and acne and had previously undergone several treatments without satisfactory relief.

For a scientific case report, treatment response should ideally be documented longitudinally using:

- Standardised facial photographs
- Same lighting conditions
- Same camera distance
- Same facial positions
- Acne lesion count
- Pigmentation assessment
- Skin hydration assessment
- Patient-reported outcome
- Treatment adherence

A photographic record would allow objective comparison of:

Baseline → Early response → Intermediate response → Final response

Because complete serial dermatological outcome measurements are not available in the supplied case information, a quantitative percentage improvement should **not be retrospectively assigned**.

Discussion

Acne and facial hyperpigmentation are frequently interconnected. Inflammatory acne can be followed by residual pigmentation, while environmental exposure and ultraviolet radiation may contribute to persistence or worsening of visible pigmentation.

In this patient, the complaint was chronic and had reportedly persisted despite several previous skin treatments. The onset after relocation to Delhi was an important contextual observation, although the case information does not establish relocation as a causal factor.

The AI-based skin assessment provided additional information regarding dry skin, reduced moisture, UV spots and elasticity-related changes. These findings were useful for documenting the patient's skin condition but were not themselves used as the basis for remedy selection.

A significant feature of the case was the patient's emotional history.

The patient did not present merely with a dermatological complaint. Detailed case-taking revealed a background of **love disappointment, silent grief, family stress and marital discord**, together with emotional sensitivity and health-related anxiety.

This distinction is important in an individualised homoeopathic case approach. The diagnosis identifies the disease, whereas the characteristic individual symptoms are used to construct the patient's totality.

In this case, the mental-emotional characteristics were more individualising than general symptoms such as good appetite or normal stools.

The repertorial analysis supported **Ignatia**, particularly because of the combination of **love disappointment and silent grief**.

Role of Lifestyle and Maintaining Factors

Several potentially relevant maintaining factors were identified:

- Occupational stress
- Disturbed sleep
- Emotional stress
- Chronic marital discord
- Dry skin and inadequate skin moisture
- Environmental change
- UV exposure
- Possible excessive dependence on multiple skin-care interventions

These factors should be assessed and addressed alongside treatment rather than considering the prescription in isolation.

The patient was encouraged to maintain an appropriate skin-care routine, adequate sleep and a balanced diet, while avoiding unnecessary manipulation of acne lesions.

Patient-Centred Perspective

The patient's concern was not limited to the physical presence of acne and pigmentation.

Because the condition affected the face, it had implications for self-image and emotional well-being.

The case highlights the importance of asking:

“What does this skin condition mean to the patient?”

rather than limiting the consultation to:

“What does the skin look like?”

Understanding the patient's emotional response, expectations, concerns and previous treatment experiences can improve the quality and completeness of case documentation.

Clinical Reasoning Summary

Table 5: Clinical Reasoning Summary

Component	Findings
Primary complaint	Chronic facial hyperpigmentation with acne
Duration	Many years
Reported onset/context	After moving to Delhi
Previous management	Multiple skin treatments, no satisfactory relief reported
Skin assessment	Dryness, reduced moisture, spots, UV spots, elasticity issues
Past history	Eczema
Occupation	Sales, private firm
Major lifestyle factor	Work stress
Appetite	Good
Food desire	Spicy
Sleep	Disturbed
Mental-emotional picture	Silent grief, love disappointment, family stress, marital discord
Characteristic mental symptoms	Emotional sensitivity, easily offended, health anxiety
Constitutional prescription	Ignatia
Intercurrent	Thuja
Acute/specific	Berberis aquifolium 30

Conclusion

This case demonstrates the importance of comprehensive and individualised case-taking in a patient presenting with chronic facial acne and hyperpigmentation.

Although the presenting complaint was dermatological, the deeper case-taking revealed a prominent emotional background of **love disappointment, silent grief, marital discord, family stress and emotional sensitivity**. These characteristic features played a major role in the individualisation of the case and supported the selection of **Ignatia** as the constitutional prescription.

Thuja was recorded as an intercurrent prescription and **Berberis aquifolium 30** as an acute/specific prescription for the skin complaint.

The case further highlights the importance of integrating objective skin assessment, lifestyle factors, emotional history and serial photographic documentation when evaluating chronic dermatological cases.

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