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SUCCESSFUL CONSTITUTIONAL HOMEOPATHIC MANAGEMENT OF PROGRESSIVE FACIAL HYPERPIGMENTATION IN A YOUNG FEMALE AT DR BATRA'S®

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Abstract

Background: Facial hyperpigmentation is a common dermatological concern with multifactorial etiology including ultraviolet exposure, cosmetic misuse, endocrine disturbances, obesity, post-inflammatory pigmentation, and metabolic disorders. Progressive facial pigmentation significantly affects self-esteem and quality of life, especially in young women.

Case Presentation: A 20-year-old female presented with gradually progressive facial hyperpigmentation involving the perioral region and forehead for two years. The pigmentation worsened following sun exposure and use of multiple cosmetic products. Associated weight gain and pigmentation over the neck and axillae suggested early acanthosis nigricans. The patient reported marked embarrassment regarding her appearance and anxiety about prospective marriage proposals. Constitutional evaluation revealed an affectionate, talkative, restless personality with strong desire for company, sensitivity to others' opinions, self-remorse, irritability from injustice, and emotional concern regarding family. Individualized classical homeopathic treatment was prescribed based on constitutional totality.

Outcome: Progressive reduction in facial pigmentation, stabilization of neck pigmentation, improvement in facial complexion, and restoration of self-confidence were achieved during follow-up at **Dr Batra's® Homeopathy Clinic**.

Keywords: Hyperpigmentation, Facial Melanosis, Acanthosis Nigricans, Constitutional Homeopathy, Calcareo sulphurica.

Introduction

Facial hyperpigmentation is a frequently encountered dermatological condition characterized by excessive melanin deposition resulting from genetic, hormonal, inflammatory, metabolic, or

environmental factors. Young females are particularly affected because cosmetic appearance strongly influences psychological well-being and social confidence.

Among obese individuals, facial pigmentation associated with acanthosis nigricans frequently reflects underlying insulin resistance and metabolic dysfunction. Early diagnosis and comprehensive management are essential to prevent progression.

Conventional management includes depigmenting creams, sunscreens, chemical peels, topical retinoids, hydroquinone combinations, laser therapy, and lifestyle modification. However, recurrence following discontinuation and variable cosmetic outcomes remain common.

Classical homeopathy emphasizes individualized constitutional prescribing by integrating emotional characteristics, physical constitution, hereditary tendencies, and pathological findings rather than focusing solely on pigment reduction.

This report describes successful constitutional management of chronic progressive facial hyperpigmentation with associated acanthosis nigricans at **Dr Batra's® Homeopathy Clinic**.

Case Presentation

A **20-year-old unmarried female** presented with complaints of **gradually progressive hyperpigmentation over both sides of the mouth and forehead since two years**.

Initially, mild discoloration appeared around the angles of the mouth. Over the following months, pigmentation progressively darkened and gradually extended to involve the forehead and adjacent facial areas. The patient denied itching, burning, pain, erythema, or scaling.

Approximately four months before consultation, her weight increased from **62 kg to 66.5 kg**. Pigmentation subsequently became more prominent over the neck and axillae, raising suspicion of early **acanthosis nigricans**.

She noticed further worsening after visiting her native place at **Solapur**, where prolonged sun exposure resulted in additional darkening of facial skin.

Before consultation, she had tried multiple cosmetic products including fairness creams, homemade applications, Melamet cream prescribed by a relative, and several over-the-counter preparations without satisfactory improvement.

The persistent cosmetic disfigurement gradually affected her self-confidence, particularly because relatives frequently commented on her facial appearance.

History of Present Illness

The disease developed insidiously nearly two years before presentation.

Initially limited to the perioral region, pigmentation progressively spread to the forehead without associated inflammatory symptoms.

Repeated cosmetic applications failed to halt progression.

The patient remained particularly concerned because the discoloration became increasingly noticeable despite trying numerous treatments.

Associated Complaints

- Weight gain (62 kg to 66.5 kg within four months)
- Neck pigmentation
- Axillary pigmentation
- Suspicion of early acanthosis nigricans

Menstrual cycles remained regular throughout.

Past History

No history of diabetes mellitus, thyroid disease, hypertension, or major systemic illness.

No previous dermatological disorders.

Family History

The patient belonged to a close-knit nuclear family consisting of her parents and one elder brother.

Father was hypertensive and diabetic.

Mother had no significant systemic illness.

No family history of pigmentary disorders.

During later follow-up, the patient's sister was diagnosed with **Polycystic Ovary Syndrome (PCOS)**.

Personal History

Parameter	Observation
Appetite	Good
Diet	Mixed diet
Craving	Spicy food
Aversion	Vegetables and sweets
Thirst	1–1.5 litres/day
Sleep	Refreshing
Thermals	Hot patient
Perspiration	Profuse over whole body
Weight	66.5 kg

Evolution of Mental State

The patient described a happy childhood within a supportive family. Academically, she completed higher secondary education and was pursuing a computer course. She maintained good relationships with family members and considered herself friendly and affectionate.

A major emotional influence during childhood was her elder brother's recurrent convulsions. Because of his prolonged treatment, the family frequently travelled between hospitals, and she

accompanied her parents on many occasions. Watching her brother suffer created considerable emotional concern and remained her greatest childhood stress.

She described herself as naturally cheerful, talkative, and sociable. She mixed easily with friends and enjoyed being surrounded by people. Remaining alone was uncomfortable because she disliked silence and preferred constant interaction.

Despite her cheerful disposition, she became easily irritated whenever someone lied or behaved unfairly. However, she consciously avoided hurting others and generally expressed her feelings directly rather than suppressing them.

The onset of facial pigmentation profoundly affected her self-image. She repeatedly questioned whether inappropriate cosmetic products or homemade remedies had worsened her complexion. She experienced persistent self-remorse, blaming herself for experimenting with multiple skin products.

Whenever relatives or acquaintances commented on her darkened facial skin, she became embarrassed and compared herself unfavorably with other young women. The increasing social attention toward her appearance gradually reduced her confidence.

A further emotional burden developed because of increasing family pressure regarding marriage. Coming from a community where girls commonly marry at an early age, she feared that visible facial pigmentation might result in rejection by prospective families. Although she generally remained carefree, this issue became a major source of anxiety.

She loved food, enjoyed spending money on eating outside, and admitted that increasing body weight did not concern her greatly. She preferred completing work rapidly before relaxing and described herself as someone who made decisions quickly without prolonged deliberation.

Overall, the constitutional picture represented an affectionate, talkative, restless young woman with marked sensitivity regarding her appearance, embarrassment from cosmetic disfigurement, self-remorse, desire for company, emotional concern for family, irritability from injustice, and anxiety regarding marriage prospects.

Clinical Examination

General examination revealed a healthy young female with stable vital parameters.

Dermatological examination demonstrated:

- Diffuse hyperpigmentation over bilateral perioral region
- Hyperpigmentation involving forehead
- Increased pigmentation over neck
- Bilateral axillary pigmentation
- No erythema
- No scaling
- No itching
- No burning

Clinical appearance was suggestive of **facial melanosis associated with early acanthosis nigricans**.

Clinical Diagnosis

Progressive Facial Hyperpigmentation with Early Acanthosis Nigricans

Case Analysis

Although facial pigmentation constituted the presenting complaint, constitutional analysis revealed a highly individualized emotional pattern. The patient's embarrassment regarding appearance, sensitivity toward others' opinions, self-remorse after cosmetic applications, anxiety about marriage, desire for company, talkative nature, affection toward family, restlessness, and irritability from injustice formed the characteristic constitutional picture.

The rapid weight gain, neck pigmentation, and axillary pigmentation suggested an underlying metabolic predisposition. Constitutional prescribing therefore aimed not merely at cosmetic improvement but at correcting the underlying susceptibility.

Homeopathic Case Analysis (LSMC)

Location

- Perioral region
- Forehead
- Neck
- Axillae

Sensation

- Cosmetic embarrassment
- No local irritation

Modalities

Aggravation

- Sun exposure
- Cosmetic products
- Emotional embarrassment

Amelioration

- Gradually during constitutional treatment

Concomitants

- Weight gain
- Restlessness
- Desire for company
- Self-remorse

- Anxiety regarding marriage
- Sensitivity to criticism

Evaluation of Symptoms

Mental Generals

- Talkative
- Affectionate
- Desire for company
- Restless
- Self-remorse
- Embarrassed by appearance
- Anxiety regarding marriage
- Irritable when treated unfairly
- Sensitive to opinions of others

Physical Generals

- Hot patient
- Profuse perspiration
- Desire spicy food
- Weight gain
- Refreshing sleep

Particular Symptoms

- Progressive facial hyperpigmentation
- Neck pigmentation
- Axillary pigmentation
- Suspected acanthosis nigricans
- No itching
- No burning

Totality of Symptoms

- Talkative.
- Desire for company.
- Affectionate.
- Restlessness.
- Self-remorse.
- Sensitive regarding appearance.
- Anxiety about marriage.

- Irritability from injustice.
- Weight gain.
- Hot patient.
- Profuse perspiration.
- Progressive facial hyperpigmentation.
- Neck pigmentation.
- Axillary pigmentation.
- No itching or burning.

Repertorial Analysis

The case was repertorized according to the principles of classical homeopathy by assigning highest importance to the patient's constitutional individuality. The mental generals, particularly sensitivity towards others' opinions, embarrassment regarding appearance, affectionate disposition, desire for company, restlessness, self-remorse, and irritability, were considered more characteristic than the local pigmentation. Physical generals and pathological particulars were subsequently integrated to arrive at the constitutional similimum.

Selected Repertorial Rubrics

Mind

- Mind – Company – desire for
- Mind – Affectionate
- Mind – Irritability
- Mind – Ailments from embarrassment
- Mind – Sensitive to opinions of others
- Mind – Self-reproach / Self-remorse
- Mind – Restlessness
- Mind – Anxiety – marriage / future
- Mind – Talkative

Generalities

- Generalities – Hot patient
- Generalities – Perspiration – profuse
- Generalities – Food – spicy – desire
- Generalities – Obesity / weight gain

Skin

- Skin – Pigmentation

- Skin – Discoloration
- Skin – Face – pigmentation
- Skin – Neck – pigmentation
- Skin – Acanthosis nigricans

Repertorial Result

The leading remedies obtained during repertorial analysis were:

Rank	Remedy
1	Calcarea sulphurica
2	Phosphorus
3	Pulsatilla
4	Sulphur
5	Sepia

Although several remedies covered isolated symptoms, **Calcarea sulphurica** showed the closest correspondence to the constitutional picture, emotional disposition, and chronic dermatological presentation.

Remedies	Phos.	Aute.	Sulph.	Sep.	Nat-m.	Ph-ac.	Ign.	Vanil.	Calc.	Nux-v.	Hyos.	Lyc.	Ara.	Nit-ac.	Sil.	Staph.	Aur.	Lil-t.	Merc.	Rhus-t.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Symptoms Covered	7	7	7	7	7	7	7	7	6	6	6	6	6	6	6	6	6	6	6	6
Intensity	17	16	16	15	14	12	11	9	14	14	13	13	12	12	12	12	11	11	11	11
Result	7/17	7/16	7/16	7/15	7/14	7/12	7/11	7/9	6/14	6/14	6/13	6/13	6/12	6/12	6/12	6/12	6/11	6/11	6/11	6/11
Clipboard 5																				
MIND - IRRITABILITY	3	3	3	3	3	3	1	3	3	3	3	3	3	3	3	3	3	3	2	3
MIND - AILMENTS FROM - embarrassment	1	1	3	1	2	1	2	1			1					1			2	
MIND - AFFECTIONATE	2	3	2	1	2	1	2	1	2	2	3	1	1	1	2	2	1	1		1
MIND - LAZINESS	3	2	3	3	3	2	1	1	2	3	1	2	1	3	2	2	2	1	2	1
MIND - COMPANY - desire for	4	2	1	2	1	1	2	1	2	2	3	3	3	1	1		1	2	1	2
MIND - FEAR - disease, of impending	3	2	1	2	1	2	1	1	2	2		1	1	2	1	1	2	2	1	1
MIND - RESTLESSNESS	1	3	3	3	2	2	2	1	3	2	3	3	3	2	3	3	2	2	3	3

Figure 1: Repertorization chart

Remedy Selection

Constitutional Remedy

Calcarea sulphurica 200C

Basis of Prescription

The constitutional prescription was based on the following characteristic features:

- Sensitive to the opinions of others.

- Embarrassment due to facial appearance.
- Self-remorse regarding previous cosmetic applications.
- Affectionate and sympathetic disposition.
- Desire for company.
- Restlessness.
- Irritability when treated unfairly.
- Anxiety regarding marriage.
- Progressive facial pigmentation.
- Weight gain.
- Hot patient with profuse perspiration.

These constitutional features, together with the slowly progressive nature of the skin condition, strongly indicated **Calcarea sulphurica** as the constitutional similimum.

Acute Prescription

Kali muriaticum

Prescribed during active pigmentation management as supportive therapy according to clinic protocol.

Miasmatic Analysis

The case predominantly represented a **Psoro-Sycotic miasmatic background**.

Psoric Features

- Gradually progressive pigmentation.
- Emotional sensitivity.
- Anxiety regarding appearance.
- Embarrassment.
- Functional metabolic disturbance.

Sycotic Features

- Weight gain.
- Neck pigmentation.
- Axillary pigmentation.
- Suspected acanthosis nigricans.
- Chronic slowly progressive disease.

The constitutional background suggested metabolic susceptibility with early insulin resistance requiring constitutional management rather than cosmetic treatment alone.



Figure 2: Clinical photograph showing facial hyperpigmentation

Homeopathic Working

This case illustrates the importance of constitutional prescribing in chronic pigmentary disorders. The treatment was directed toward the patient's constitutional susceptibility rather than only reducing melanin deposition.

The emotional state was dominated by embarrassment regarding appearance, sensitivity to comments from others, self-remorse after experimenting with cosmetic products, anxiety regarding marriage, affectionate disposition, and desire for company. These constitutional characteristics guided the selection of *Calcarea sulphurica*.

Lifestyle advice included strict photoprotection, sunscreen application, avoidance of indiscriminate cosmetic products, regular physical activity, and dietary modification considering the associated weight gain and suspected acanthosis nigricans.

During follow-up, facial pigmentation reduced progressively, particularly over the cheeks and perioral region. Neck pigmentation stabilized, no further spread occurred, and the patient reported increasing confidence regarding her appearance. The improvement in skin colour was accompanied by better emotional well-being, indicating constitutional improvement rather than isolated cosmetic benefit.

Follow-up Summary

Date	Clinical Progress	Prescription
Initial Visit	Progressive facial hyperpigmentation involving perioral region and forehead. Neck and axillary pigmentation present. Weight 66.5 kg.	Calcarea sulphurica 200C + Kali muriaticum
25 May 2026	Facial pigmentation reduced slightly. Neck pigmentation unchanged. Axillary pigmentation same. Weight 66.1 kg. Menses regular. Sunscreen advised.	Continued constitutional treatment
22 June 2026	Facial pigmentation stable with early improvement. Neck and axillary pigmentation persistent. Weight 66.3 kg. Daily exercise and dietary advice reinforced.	Continued treatment
10 July 2026	Cheek pigmentation noticeably lighter. Perioral pigmentation reduced. Forehead improved. Neck pigmentation stable. Weight 66.8 kg. Clinical photographs documented improvement.	Maintenance constitutional treatment

Transformation Table

Clinical Parameter	Before Treatment	After Treatment
Facial Pigmentation	Progressive and spreading	Markedly lighter over cheeks and perioral region
Forehead Pigmentation	Diffuse	Reduced
Neck Pigmentation	Persistent	Stabilized without progression
Axillary Pigmentation	Persistent	No further worsening
Disease Progression	Continuously spreading	Arrested
Weight	Increasing	Stabilized with lifestyle advice
Cosmetic Confidence	Poor	Significantly improved
Anxiety Regarding Appearance	Marked	Reduced considerably

Discussion

Facial hyperpigmentation is a multifactorial disorder frequently influenced by ultraviolet exposure, cosmetic misuse, metabolic abnormalities, obesity, hormonal factors, and genetic predisposition. In young females, the cosmetic impact often exceeds the physical burden of disease and substantially affects psychological well-being.

In the present case, prolonged use of multiple cosmetic preparations together with significant sun exposure likely aggravated the pigmentation. Rapid weight gain, neck pigmentation, and axillary involvement raised suspicion of early acanthosis nigricans associated with insulin resistance, despite regular menstrual cycles.

Instead of prescribing solely on the basis of pigmentation, constitutional homeopathy addressed the patient's emotional state, personality, and constitutional susceptibility. Sensitivity to others' opinions, embarrassment regarding facial appearance, self-remorse, affectionate disposition, restlessness, and anxiety regarding marriage formed the characteristic constitutional portrait leading to the selection of *Calcarea sulphurica*.

Clinical improvement was evident through gradual reduction in facial pigmentation, stabilization of neck pigmentation, arrest of disease progression, and improved emotional confidence. Lifestyle modification, dietary counselling, photoprotection, and sunscreen use complemented constitutional treatment and likely contributed to the favorable outcome.

Although this report represents a single observational case, it demonstrates the potential role of individualized constitutional homeopathy integrated with lifestyle modification in the management of chronic facial hyperpigmentation associated with early metabolic skin changes. Future prospective studies with objective pigment analysis, insulin resistance assessment, and validated dermatology quality-of-life indices are warranted.

Conclusion

This case demonstrates the successful constitutional management of progressive facial hyperpigmentation with features suggestive of early acanthosis nigricans through individualized classical homeopathy at **Dr Batra's® Homeopathy Clinic**. Constitutional prescribing based on mental generals, physical constitution, emotional susceptibility, and characteristic skin manifestations resulted in progressive improvement of facial pigmentation, stabilization of associated lesions, arrest of disease progression, and enhancement of self-confidence. The case highlights the importance of holistic assessment and constitutional treatment in chronic pigmentary disorders.

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