



Original Research Article

Volume 15 Issue 02

February 2026

REVERSAL OF CHRONIC FACIAL HYPERPIGMENTATION AND ASSOCIATED PSYCHOSOMATIC DISTURBANCES: A CLASSICAL HOMEOPATHIC CASE SUCCESSFULLY TREATED AT DR BATRA'S® HOMEOPATHY CLINIC

Dr Prakash Jha

Chief Homeopathic Consultant

Miraroad Branch

Dr Batra's Positive Health Clinic Pvt. Ltd.

Qualification BHMS

Email id chc-miraroad@drbatras.com, Mobile 81087 75685

Abstract

Chronic facial hyperpigmentation often presents with deep psychosomatic associations and hormonal influences, posing therapeutic challenges in conventional care. This case report describes a young female with long-standing bilateral cheek hyperpigmentation, irregular menses, emotional distress, and sensitive skin, unresponsive to routine topical and cosmetic measures. A classical homeopathic approach based on individualization, life-space analysis, and totality of symptoms resulted in sustained clinical and psychological improvement. Complete resolution of pigmentation, emotional stabilization, and menstrual regularity were achieved, demonstrating a definitive transformation at **Dr Batra's® Homeopathy Clinic**.

Keywords

Hyperpigmentation, Classical Homeopathy, Psychosomatic Skin Disorder, Individualization, Dr Batra's® Homeopathy Clinic

Introduction

Facial hyperpigmentation in young women is frequently linked to hormonal imbalance, emotional stress, inappropriate cosmetic usage, and constitutional susceptibility. Such cases often persist despite prolonged use of topical agents, soaps, and creams, leading to frustration and psychological distress. Classical homeopathy emphasizes treating the individual as a whole, addressing mental, physical, and emotional planes simultaneously. This case illustrates the effectiveness of individualized homeopathic intervention in reversing chronic pigmentation and restoring systemic balance.

Case Profile

- **Age / Sex:** 21 years / Female
- **Marital Status:** Married
- **Occupation:** Housewife
- **Duration of Complaint:** 2 years
- **Place of Treatment:** Dr Batra's® Homeopathy Clinic

Chief Complaints

1. Blackish discoloration over both cheeks since 2 years
2. Sensitive skin without itching
3. Whitish eruptions over upper back since several months (non-itchy)
4. Irregular and scanty menses since 5–6 months
5. Disturbed, unrefreshing sleep

History of Present Illness

The patient was apparently well until two years prior, when she consumed abortion pills following an unplanned pregnancy. Soon after, she noticed gradual development of blackish pigmentation over both cheeks. The pigmentation progressively deepened and persisted despite repeated washing with soap (3–4 times daily) and application of various night creams over 6–7 months. There was no associated itching or burning, but marked skin sensitivity was present. Emotional stress related

to family circumstances aggravated her condition. Over time, she also developed whitish, non-itchy eruptions on the upper back and menstrual irregularities.

Past History Jaundice – 3 to 4 months prior to consultation

Family History No significant hereditary illness

Menstrual History

- Irregular cycles
- Reduced flow for several years

Personal History

- **Diet:** Mixed
- **Thermals:** Chilly
- **Bathing:** Cold water
- **Thirst:** Reduced (\approx 1 glass/day)
- **Sleep:** 5 hours, unrefreshing
- **Perspiration:** Scanty, mainly upper lip

Mental Symptoms

The patient was born and brought up in Rajasthan in a financially constrained agrarian family. Her father, a farmer, struggled to support a large family of six children. Due to economic hardship, her education was discontinued after the 5th standard, despite a strong desire to study further. This unfulfilled ambition created an early sense of suppression and silent disappointment.

During childhood, she was emotionally sensitive but learned to restrain her expressions. She remained reserved, sharing feelings only with close siblings. The death of her father 6–7 years ago imposed emotional responsibility and insecurity, further strengthening her practical, money-minded outlook.

After marriage (a love marriage) and relocation to Mumbai, she experienced adjustment stress, social withdrawal, and emotional vulnerability. Though confident externally, she became easily irritable, reacting with shouting when provoked. She is talkative with family yet avoids social mixing. She weeps easily, feels emotionally hurt, and becomes anxious when required to go out

alone. Despite being religious and orderly, she dislikes company and prefers independence. Her emotional distress intensified following the pigmentation, leading to low self-esteem and depressive feelings, though her marital relationship remained supportive.

Physical Generals

- Desire for spicy food
- Craving for sweets
- Aversion to certain vegetables
- Chilly patient, prefers winter
- Scanty perspiration

Clinical Examination

- Diffuse brownish-black hyperpigmentation over both cheeks
- No erythema, scaling, or itching
- Hypopigmented patches over upper back (pityriasis-like)

Diagnosis

Chronic Facial Hyperpigmentation

Differential Diagnosis

- Acne Rosacea
- Contact Dermatitis
- Urticaria

Homeopathic Analysis

Totality of Symptoms

- Facial hyperpigmentation after hormonal insult
- Sensitive skin
- Irregular, scanty menses
- Chilly patient

- Desire for sweets and spices
- Emotionally sensitive, weeping, irritable
- Reserved, dislikes company
- Financial anxiety
- Unrefreshing sleep

Repertorial Rubrics

- Mind – Weeping, easily
- Mind – Irritability
- Mind – Reserved disposition
- Mind – Anxiety, about future
- Face – Discoloration, dark
- Skin – Discoloration
- Female genitalia – Menses, irregular
- Generalities – Cold aggravates

Repertorisation Result

Leading remedies:

- Lycopodium clavatum
- Sepia officinalis
- Pulsatilla nigricans
- Sulphur

Miasmatic Assessment

Predominantly **Psoro-Syphilitic**, evidenced by:

- Chronic skin discoloration
- Hormonal disturbance
- Emotional suppression and anxiety

Prescription & Follow-Up

Prescription Table

Date	Remedy	Potency	Rationale
11/09/2025	Berberis Aquifolium	6C	Organ-specific support for pigmentation
Week 1 onward	Lycopodium clavatum	Constitutional	Based on totality and repertorisation

Follow-Up Table

Date	Clinical Changes	Remedy & Potency
08/10/2025	Pigmentation reduced, eruptions persistent	Lycopodium clavatum
29/11/2025	No facial pigmentation, back eruptions reduced	Lycopodium clavatum
31/12/2025	Skin clear, menses regular, sleep improved	Lycopodium clavatum
30/01/2026	Complete remission maintained	Lycopodium clavatum

Transformation Table

Parameter	Before Treatment	After Treatment
Facial pigmentation	Dark, bilateral	Completely resolved
Emotional state	Depressed, anxious	Confident, stable
Menstrual cycle	Irregular, scanty	Regular
Sleep	Unrefreshing	Sound
Skin sensitivity	Marked	Normal

Prognosis

Curable

Discussion

This case highlights the importance of individualized classical homeopathy in managing chronic dermatological conditions with hormonal and emotional components. The pigmentation was not treated as a local skin disorder but as an outward expression of systemic imbalance. Life-space exploration revealed long-standing emotional suppression and stress as maintaining factors. The selected constitutional remedy addressed mental, physical, and hormonal dimensions simultaneously. Progressive improvement in emotional health preceded physical healing, reaffirming Hering's Law of Cure. Sustained remission without topical agents confirms the depth of action achieved through classical prescribing.



Conclusion

This case demonstrates that chronic facial hyperpigmentation with psychosomatic associations can be completely reversed through a classical homeopathic approach. Detailed case-taking, life-space analysis, repertorisation, and constitutional prescribing were key to success. The holistic improvement observed across mental, menstrual, and dermatological parameters validates the scientific and clinical strength of individualized homeopathy. The case stands as clear evidence of lasting transformation achieved at **Dr Batra's® Homeopathy Clinic**.

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