IJAYUSH
International Journal of AYUSH
AYURVEDA, YOGA, UNANI, SIDDHA AND HOMEOPATHY
http://internationaljournal.org.in/journal/index.php/ijayush/

International Journal
Panacea
Research library
ISSN: 2349 7025

Original Research Article | Volume 15 Issue 03 | March 2026

A CLINICAL STUDY ON MELASMA WITH HOMOEOPATHIC MEDICINES *SEPIA OFFICINALIS* AND *BERBERIS AQUEFOLIUM Q* WITH REDUCTION IN MASI SCORE

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ABSTRACT

Melasma is an acquired increased pigmentation of the skin, characterized by dark-brown patches, mostly in sun exposed area of the skin i.e. face. The pathogenesis is unknown, but genetic and hormonal influences with UV radiation are associated. Due to its frequent facial involvement, the disease has an impact on the quality of life of patients. Homoeopathic medicines can help control the spread of hyperpigmentation and also prevent its reoccurrence. Potentised homoeopathic medicine *Sepia officinalis* given internally and *Berberis aquefolium Q* as a local application has proved to be effective in the cases of Melasma which is a challenging cosmetology condition. The cases were followed-up, the Melasma Area and Severity Index (MASI) Score was used to record the improvement of the patients at the beginning of the treatment and at the end. The positive result indicates that homoeopathy can be a valuable therapy for the treatment of Melasma.

KEYWORDS:

Homoeopathy, Melasma, MASI, Sepia officinalis, Berberis aquefolium Q

INTRODUCTION

Melasma is a common acquired brown hyperpigmentation of the skin involving the face.[1] The word 'melasma' originates from the Greek word "melas", which means black, and refers to its brownish clinical presentation. Melasma is charaterised by superficial brownish macular areas of pigmentation occurring primarily on the cheeks, bridge of nose, forehead and upper lip. [2] There is an increased number and activity of melanocytes in the epidermis than in the dermis.[1]In the epidermis, melanocytes are more numerous and more active, while in the dermis, melanophages are more prevalent.[3] Pregnancy related melasma goes away within several months after giving birth, whereas the other forms may take years.[4]

INCIDENCE

In India it primarily affects women (90% cases) and 10% of males of all racial groups and ethicities. In India 20–30% of women aged 40–65 years have facial melasma.[5]

According to "A cross-sectional, multicentric clinico-epidemiological study of melasma in India" , the prevalence of melasma was higher in females with a female to male ratio of approximately 4:1. The distribution patterns that were common were centrofacial (42%) and malar (39%). Only 35% of the patients were using sunscreens.[6]

PATHOGENESIS

Melasma is a common skin condition though the exact pathogenesis is not understood.[7] Sun exposure is the most common trigger. Sun exposure stimulates nitric oxide production, which increases melanocyte tyrosinase activity.This increases melanin production which results in patches of hyperpigmentation in sun- exposed skin.[1]

Estrogen is the second most common trigger , which rises in pregnancy, oral contraceptive use, or hormone replacement therapy.[4]During the second or third trimester of pregnancy melasma appears which gradually fades after delivery, and darkens in later pregnancies.[1]

MASI (Melasma Area Severity Index)

MASI score (Melasma Area and Severity Index) proposed by Kimbrough-Green *et al*, in 1994, is used in order to clinically assess the severity of melasma.[8]

Total score ranges from 0 to 48

	Intensity of pigmentation *		Homogeneity of pigmentation *		Affected area **		Multiplication factor	Value
Forehead	(	+	)	X	X		0.3	
Right malar	(	+	)	X	X		0.3	
Left malar	(	+	)	X	X		0.3	
Chin	(	+	)	X	X		0.1	
MASI							SUM TOTAL	

*Categories:

- 0 = none
- 1 = mild
- 2 = moderate
- 3 = outstanding
- 4 = maximal.

**Categories:

- 0 = normal skin;
- 1 =< 10%;
- 2 = 10%-29%;
- 3 = 30-49%;
- 4 = 50%-69%;
- 5 = 70%-89%;
- 6 = 90%-100%

HOMOEOPATHIC MEDICINE

SEPIA OFFICINALIS

Source: Animal kingdom

Family: *Sepiadae*

Common name: Cuttlefish

Sepia causes a cachetic, yellow, earthy, waxy skin by acting on the skin through the trophic nerves, on the lymphatics and veins. Characteristics include chloasma on various parts of the skin and the yellowish-brown saddle across the bridge of the nose. These 'liver spots' which are embedded on the skin are probably due to assimilative weakness of the trophic nerves. It is often associated with hysteria and ovaro-uterine diseases, that this may be the cause of chloasma.[9]Yellow blothches. Diseases of women especially those occurring during pregnancy, childbed,lactation and menstrual irregularities.[10,11]

BERBERIS AQUIFOLIUM

Source: Vegetable kingdom

Common name: Mountain grape

Family: Berberidaceae

Face: clears the complexion

Dose: mother tincture for external application[10]

CASE SERIES

CASE 1:

A 30-year-old female came with brown patches on cheeks and nose of 1 year duration. It started first on the right cheek, and then the left cheek and the nose. The brown hyperpigmentation grew darker on sun exposure. The patient has dry skin but does not apply moisturizer or sunscreen and no previous treatment was taken for this complaint. She craved fatty, oily, rich food, is thirsty and jeera masala causes nausea and flatulence. She passed stool irregularly and has to sit for around 20 minutes to be satisfactory. Perspiration is more on axilla which has an offensive odor. She is reserved, does not get angry easily but when someone offends her, she does not talk to them until she cools down which may take some time. She prefers to be alone. She does not share her feelings with her friends or family. She does not expect consolation from anyone. She works indoors as a non-teaching staff in a primary school. She presented with malar distribution of hyperpigmention with MASI score of 3.

Repertory used: Boger Boenninghausen's Characteristics and Repertory has been used.

Sl no.	Symptom	Rubric	Page no.
1	Aggravation by sun exposure	CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL, SUN, Burn, from, agg	1145
2	Likes to be alone	MIND, Solitude, love of	217
3	Brown discoloration patches on face	FACE, Cheeks	393
4	Brown discoloration patches on face	FACE, Freckles	396
5	Brown discoloration patches on face	FACE, Saddle, Eruption-like	400
6	Brown discoloration patches on nose	NOSE, Spots on, brown	377
7	Thirsty	THIRST, Thirst	480
8	Desire: Fatty, oily, rich food	APPETITE, Desire for, Fat food	476
9	Irregular Stool	STOOL, Constipation	583

Analysis Of Repertorial Result:

Pulsatilla = 19/6

Lycopodium = 15/6

Belladona = 16/5

Nux vomica = 16/5

Sulphur = 15/5

Sepia officinalis = 13/5

Homoeopathic intervention:

Date	Observation	Rx
30.1.24	Brown patches on both cheeks and nose	Sepia 200 was given Berberis aquefolium Q for L/A
29.2.24	Brown patches on both cheeks and nose still persist. MASI score = 3	Placebo was given. Berberis aquefolium Q was continued for L/A Review after 1 month.
30.3.24	Brown patches on both cheeks and nose still persist but slightly lighter MASI score = 3	Sepia 200 was given Berberis aquefolium Q was continued for L/A Review after 1 month.
30.4.24	Brown patches on both cheeks and nose still persist but slightly lighter MASI score =1.8	Placebo was given. Berberis aquefolium Q was continued for L/A Review after 1 month.
30.5.24	Brown patches on both cheeks and nose still persist but slightly lighter MASI score = 1.8	Placebo was given. Berberis aquefolium Q was continued for L/A Review after 15 days.

Start of study	
End of study	

Outcome: At the end of 4 months, her MASI Score is 1.8

CASE 2:

A 35-year-old female came with brown patches on both cheeks, upper lip and nose since 2 years. The pigmentation aggravates with night watching and mental stress. The patient has oily skin, she has been using Suncreen. She has taken Allopathic, Ayurvedic treatment with only temporary relief.She craves sour things, meat (beef), is thirstless and has scanty perspiration. Mentally, she is fastidious towards herself and her environment. She is very picky regarding her food and likes to handle things her own way. She is stressed about her father's health as he is diagnosed with Colon Cancer. She does not like consolation. Her case was clinically diagnosed as Melasma with Centrofacial distribution of hyperpigmentation and MASI Score of 7.2.

Repertory used: Boger Boenninghausen's Characteristics and Repertory has been used.

Sl no.	Symptom	Rubric	Page no.
1	Fastidious	MIND, FASTIDIOUS	200
2	Brown discoloration patches on face	FACE, Cheeks	393
3	Brown discoloration patches on face	FACE, Freckles	396
4	Brown discoloration patches on face	FACE, Saddle, Eruption-like	400
5	Brown discoloration patches on upper lip	FACE, Upper Lip	404
6	Brown discoloration patches on nose	NOSE, Spots on	377
7	Aggravated by mental stress	Conditions Of Aggravation And Amelioration In General, Exertion, Mental, Agg	1117
8	Thirstless	THIRST, Thirstlessness	481
9	Desire: meat (beef)	APPETITE, Desire for, Meat	476
10	Desire: sour	APPETITE, Desire for, Sour things or Acid	477

Analysis Of Repertorial Result:

Sulphur = 19/7

Sepia officinalis = 17/7

Pulsatilla = 17/6

Arsenicum album = 14/6

Phosphorus = 13/6

Kali carbonica = 13/6

Homoeopathic Intevention:

Date	Observation	Advice
20.2.24	Brown patches on both cheeks and nose	Sepia 200 was given Berberis aquefolium Q for L/A Review after 1 month.
30.3.24	Brown patches on both cheeks and nose still persist.	Placebo was given. Berberis aquefolium Q was continued for L/A Review after 1 month.
30.4.24	Brown patches on both cheeks and nose still persist but slightly lighter	Sepia 200 was given Berberis aquefolium Q was continued for L/A Review after 1 month.
30.5.24	Brown patches on both cheeks and nose still persist but slightly lighter	Placebo was given. Berberis aquefolium Q was continued for L/A Review after 1 month.
26.6.24	Brown patches on both cheeks and nose still persist but slightly lighter	Sepia 200 was given Berberis aquefolium Q was continued for L/A Review after 1 month

Start of study	End of study
	

Outcome: At the end of 6 months, her MASI score is 2.4

CASE 3

A 40-year-old female came with brown patches on cheeks and nose since 2 years. Probable cause is sun exposure which also worsen the pigmentation. The patient works outdoors as a farmer and does not apply sunscreen. The patient has not taken any previous treatment for this complaint. There is a family history of Melasma. She has 5 children. She craves sweets, dislikes bitter food, is thirsty, with perspiration more on axilla which has offensive odour. Mentally, she is quite calm, fears snakes and darkness. She cries easily and consolation ameliorates her. She likes company of other people. She had an uneventful childhood. Her case was clinically diagnosed as Melasma with Centrofacial distribution of hyperpigmentation and MASI Score of 2.4.**Repertory used:** Boger Boenninghausen's Characteristics and Repertory has been used.

Sl no.	Symptom	Rubric	Page no.
1	Aggravated by sun exposure	CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL, Sun, Burn, from, agg	1145

2	Calm	MIND, Calmness, composure, tranquility, etc	194
3	Fears dark	MIND, Fearsome, anxiety, dread, frightened easily, etc, dark , of the	201
4	Cries easily	MIND, Weeping, tearful	221
5	Desires company	MIND, Company, desires, want	195
6	Thirsty	THIRST, Thirst	480
7	Brown discolouration patches on cheeks	FACE, Cheeks	393
8	Brown discolouration patches on cheeks	FACE, Saddle, Eruption-like	400
9	Brown discolouration patches on cheeks	FACE, Freckles	396

Analysis Of Repertorial Result:

Pulsatilla = 18/6

Lycopodium clavatum = 16/6

Sepia officinalis = 14/6

Phosphorus = 13/6

Sulphur = 14/5

Natrum Carbonicc = 11/5

Homoepathic Intvention:

Date	Observation	Advice
30.1.24	Brown patches on both cheeks and nose still persist.	Placebo was given. Berberis aquefolium Q was continued for L/A Review after 1 month.

29.2.24	Brown patches on both cheeks and nose still persist but slightly lighter	Sepia 200 was given Berberis aquefolium Q was continued for L/A Review after 1 month.
20.3.24	Brown patches slightly reduced	Placebo was given. Berberis aquefolium Q was continued for L/A Review after 1 month.
30.4.24	Brown patches on both cheeks and nose still persist but slightly lighter	Sepia 200 was given Berberis aquefolium Q was continued for L/A Review after 1 month
19.6.24	Brown patches on both cheeks and nose lighter	Placebo was given. Berberis aquefolium Q was continued for L/A Review after 15 days.

Start of study	**End of study**
	

Outcome: At the end of 7 months, her MASI Score was 1.2

DISCUSSION:

Sepia officinalis has proved to be effective in treating the cases of Melasma. It acts upon the skin through the trophic nerves, on the lymphatics and veins, producing a cachetic, yellow, earthy, waxy skin. The yellowish-brown saddle across the bridge of the nose, and the chloasma on various parts of the skin, are characteristic of the drug. These 'liver spots' are seated in the rete mucosum, and are probably due to assimilative debility of the trophic nerves. It is so often associated with hysteria and ovaro-uterine diseases, that this may have something to do with the cause of chloasma therefore covering the symptoms of Melasma and following the Similia Similibus Curenter homoeopathic law of cure.

Along with local application of Berberis aquefolium Q and general management, melasma hyperpigmentation can be controlled by sun protection, using a broad-spectrum UVA/UVB sunscreen and reducing mental stress

CONCLUSION:

The melasma cases screened and treated from Out Patient Department of a Homoeopathic hospital showed improvement and gradual reduction in the MASI Score. A detailed case history was taken with analysis,evaluation and construction of the totality of symptoms. Repertorisation was done by BBCR approach, and in consultation from Homoeopathic Materia Medica *Sepia officinalis 200* was prescribed. *Berberis aquefolium Q* as a local application was an addon treatment.

This case series highlights the successful management of melasma with homeopathic medicine *Sepia officinalis*, which offers a holistic approach. This establishes the efficacy and safety of homeopathic treatments for Melasma and showcase of importance of causation in prescription.

CONFLICT OF INTEREST: No conflict of interest.

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