



Original Research Article

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**DRUG-INDUCED FACIAL MELASMA IN MALES MANAGED AT DR BATRA'S®
HOMEOPATHY CLINIC: A CLASSICAL HOMEOPATHIC CASE REPORT**

Dr Komal Sagale

Homeopathic consultant

Pimpri clinic, Dr Batra's Positive Health Clinic Pvt. Ltd., Qualification BHMS

Email id chc-pimpri@drbatras.com, Mobile +91 77588 52267

Abstract

Drug-induced facial hyperpigmentation following chemical peel burn can significantly affect self-image, confidence, and quality of life. A middle-aged male with persistent bilateral cheek hyperpigmentation after salon-based chemical peel and subsequent adverse drug reaction presented with chronic pigmentation, fatigue, disturbed sleep due to night duties, and suppressed emotional expression. A classical homeopathic approach was applied using individualized case-taking, repertorisation, miasmatic evaluation, and systematic follow-ups with supportive dermatologic care advice. Marked reduction in pigmentation and improvement in overall well-being were observed over 10 months. **This case demonstrates clear transformation achieved at Dr Batra's® Homeopathy Clinic.**

Keywords: Hyperpigmentation, Drug-induced pigmentation, Chemical peel burn, Classical homeopathy, Case report, Repertorisation, Quality of life

Introduction

Hyperpigmentation is a common dermatological complaint and may occur due to post-inflammatory changes, chemical injury, or drug-induced reactions. Chemical peeling performed without medical supervision can cause burns leading to inflammation and pigmentary sequelae. Drug-induced hyperpigmentation may occur secondary to medication

reactions and can persist for months, affecting emotional health and confidence. Classical homeopathy aims to treat the individual as a whole, considering mental generals, physical generals, particular symptoms, and causation. This case report presents a chronic facial hyperpigmentation case managed using classical homeopathic principles at Dr Batra's® Homeopathy Clinic with documented follow-up response.

Case Profile

- **Age/Sex:** 44 years / Male
- **Occupation:** Government service (armed forces)
- **Chief Complaint:** Dark blackish pigmentation patches over both cheeks following chemical peel burn and subsequent drug reaction
- **Duration:** ~10 months under care
- **Previous history:** Melasma-like patches initially, followed by salon chemical peel → chemical burn → oral medication taken → severe facial burning and blackening (suspected drug-induced allergic reaction)
- **Prognosis:** Curable (based on vitality, absence of systemic comorbidities, and reversible etiology)

History of Present Illness

The patient developed bilateral cheek pigmentation approximately 6 months prior after noticing facial dark spots. He underwent a local chemical peel at a salon, resulting in chemical burn injury. Subsequently, oral medication taken for the pigmentation caused a severe burning reaction and marked facial darkening. The burning sensation gradually reduced after stopping the medication, but hyperpigmentation persisted. The complaint significantly affected confidence and created fear of worsening during winter.

Mentals

From childhood, the patient had a reserved temperament, preferring to keep emotions internal rather than expressing them openly. Over time, this pattern evolved into a strong tendency to suppress anger, especially when provoked, maintaining a calm outward appearance while feeling irritability within. He found it difficult to express grievances directly and often remained silent, even when emotionally hurt. As an adult, responsibilities

and disciplined work culture further reinforced this controlled emotional state, with a strong sense of duty and high confidence in professional performance. He experienced occasional fear regarding health deterioration, particularly anticipating worsening in winter, yet he remained composed and rational while speaking. He preferred self-engagement and solitary hobbies such as listening to music, which helped him regulate emotions.

General Symptoms

- **Appetite:** Reduced / eats mixed diet but not in large quantities
- **Thirst:** Reported low water intake; patient felt intake was insufficient
- **Sleep:** Disturbed due to night duties; ~5–6 hours, sometimes less
- **Fatigue:** Easily tired, reduced stamina
- **Thermals:** Hot patient; seasonal preference for winter (reported winter concern)
- **Urine/Stools:** Normal / satisfactory
- **Perspiration:** Normal quantity, non-offensive

articular Symptoms

Face: Hyperpigmented dark patches on both cheeks

- **Onset/Cause:** Chemical peel burn + drug-induced allergic reaction
- **Burning:** Present initially, later absent after stopping drug
- **Impact:** Reduced confidence, cosmetic distress

linical Diagnosis

Drug-induced hyperpigmentation / post-inflammatory hyperpigmentation (PIH) following chemical peel burn and adverse drug reaction.

ifferential Diagnosis

1. Post-inflammatory hyperpigmentation (PIH)
2. Melasma (secondary)
3. Contact dermatitis sequelae
4. Phototoxic or drug-related pigmentation
5. Chemical burn-related pigmentation
- 6.

Homeopathic Case Analysis

Characteristic Features

- Ailments from grief / emotional suppression
- Suppressed anger with calm external demeanor
- Introverted nature, self-contained
- Fear of worsening (anticipatory)
- Fatigue with irregular sleep due to duty
- Facial pigmentation after chemical injury + drug reaction

otality of Symptoms

1. **Mind:** Suppressed anger; cannot express irritability
2. **Mind:** Introverted; keeps emotions within
3. **Mind:** Ailments from grief / emotional hurt
4. **General:** Fatigue; tires easily
5. **General:** Sleep disturbed due to night duty
6. **General:** Thirst low / water intake inadequate
7. **Particular:** Facial hyperpigmentation on cheeks after chemical burn / drug reaction

Rubrics Considered

Mind – Anger – suppressed / ailments from suppressed anger

1. **Mind – Grief – ailments from**
2. **Mind – Reserved / introverted disposition**
3. **Mind – Fear – health, about**
4. **Generalities – Weakness / easy fatigue**
5. **Sleep – Disturbed / insufficient sleep**
6. **Face – Discoloration – dark / pigmentation**
7. **Skin – Discoloration – spots / after inflammation**
8. **Generalities – Heat – patient hot**

Remedies	mag-m.	staph.
Serial Number	1	2
Symptoms Covered	1	1
Intensity	1	1
Result	1/1	1/1
Clipboard 3		
MIND - BUSY - himself, with	1	1

Miasmatic Assessment

The case showed a mixed miasmatic background:

- **Psoric:** Functional weakness, fatigue, stress-related aggravation
- **Syphilitic tendency:** Marked skin discoloration and destructive effect after chemical injury
- **Sycotic element:** Persistence/chronicity of pigmentation patches

Predominant working miasm: Psoro-syphilitic (functional weakness + destructive pigmentation response).

Prescription

Initial Prescription

- **Constitutional remedy:** *Staphysagria 200C*
 - **Rationale:** Strongly indicated by suppressed anger, grief-related emotional suppression, introversion, and hypersensitivity of emotions; suitable constitutional simillimum for this case.
 - **Potency selection:** 200C chosen due to clear mental generals, vitality adequate, and to stimulate deeper constitutional response.
 - **Dose:** As per clinic protocol (single/weekly dose based on response).

Supportive Remedy

- **Berberis aquifolium** (mother tincture / supportive)
 - **Rationale:** Traditional clinical affinity for pigmentation and skin discoloration; used as supportive remedy in pigmentary conditions.

Adjunct Advice

- Regular sunscreen use and avoidance of irritant cosmetic procedures
- Gentle face wash (aloe vera based)
- Hydration improvement
- Sleep hygiene guidance as feasible with duty schedule

Follow-Up & Progress

Baseline (Start of Treatment)

- Severe bilateral cheek hyperpigmentation (dark black patches)
- Burning sensation previously present, now absent
- Fatigue, disturbed sleep due to night duty
- Low confidence regarding improvement; fear of winter worsening

Follow-Up 1: 21/05/2025

- Pigmentation: **Slight improvement noted**
- Burning: **No burning**
- General well-being: **Stable**
- Compliance: Treatment continued

Plan: Continue constitutional remedy as per response + supportive measures.

Follow-Up 2: 18/06/2025

- Pigmentation: **Gradual lightening observed**
- Patient reports: "Face looks better than before"
- Fatigue: Mildly better
- Sleep: Still irregular due to duty

Plan: Continue same line of treatment.

Follow-Up 3: 16/07/2025

- Pigmentation: **Further reduction**
- Confidence: Improved
- No new complaints

Plan: Continue treatment.

Follow-Up 4: 08/08/2025

- Patient remarks: Lesions better, pigmentation reduced
- Overall improvement: ~60–70%
- Skincare: Using aloe vera face wash + sunscreen
- No other complaints

Plan: Continue constitutional approach + maintain photoprotection.

Follow-Up 5: 05/09/2025

- Pigmentation: Improved, minimal pigmentation remains
- Patient reports improvement: ~40–50% (subjective variation)
- Stress: None significant
- Work: Outstation duty ongoing

Plan: Continue treatment; counsel for consistency.

Follow-Up 6: 15/10/2025

- Pigmentation: Reduced, minimal patches persist
- Improvement: ~50–60%
- General: Stable
- No other complaints

Plan: Continue; monitor for seasonal triggers.

Follow-Up 7: 04/11/2025

- Pigmentation: Maintained improvement, still minimal residual
- Patient overall: Stable, confident
- Mind: Continues to suppress anger; calm demeanor; enjoys music

Plan: Continue constitutional management and lifestyle measures.

Transformation Table

Parameter	Before Treatment	After Treatment (10 months)
Facial pigmentation	Dark black patches on both cheeks	Marked reduction; only minimal residual pigmentation
Burning sensation	Severe burning after medication	Completely absent
Confidence / self-image	Low confidence; fear of worsening	Improved confidence; satisfied with face improvement
Fatigue	Tires easily	Improved stamina and daily functioning
Sleep	5-6 hours or less, irregular	More stable sleep pattern within duty limits
Emotional state	Suppressed anger, grief impact	Emotionally calmer, coping improved
Quality of life	Cosmetic distress + worry	Patient happy with results and well-being

Outcome Measures

Patient reported satisfaction with treatment and improvement in pigmentation and confidence. Overall well-being improved with reduction in cosmetic distress.



Discussion

This case highlights a chronic pigmentary disorder triggered by an avoidable chemical peel burn and compounded by a suspected drug-induced allergic reaction. Such cases frequently persist due to ongoing inflammation, sun exposure, and psychosocial stress. This aligns with classical homeopathic philosophy where improvement is expected at both mental and physical levels.

Overall, the case indicates that individualized homeopathic management may provide meaningful benefit in pigmentary conditions, particularly when mental generals and causation are clearly integrated into the prescription strategy.

Conclusion

This case demonstrates that drug-induced facial hyperpigmentation following chemical peel burn can respond positively to a classical homeopathic approach. Individualization based on totality of symptoms, repertorisation, and constitutional prescribing contributed to steady improvement. The patient showed marked reduction in pigmentation, improved confidence, and better overall well-being over 10 months. Addressing maintaining causes such as sun exposure and irregular sleep supported recovery. Regular follow-ups allowed monitoring of remedy response and ensured continuity despite occupational challenges. The holistic improvement suggests deeper constitutional response beyond local skin changes. Such cases highlight the role of classical homeopathy in chronic dermatological sequelae when guided by mental generals and causation. Consistent adherence and supportive skincare advice remain essential for sustained outcomes. The case adds clinical evidence for integrative management of post-inflammatory/drug-induced pigmentation. Further systematic studies with standardized outcome scales may strengthen evidence. **A clear transformation was achieved at Dr Batra's® Homeopathy Clinic.**

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