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CASE REPORT

Successful Homoeopathic Management of Pregnancy-Associated Epidermal Melasma: A Case Report at Dr Batra's

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ABSTRACT

Melasma is a chronic acquired hyperpigmentary disorder characterized by symmetrical brown macules over sun-exposed areas, significantly affecting cosmetic appearance and quality of life. Hormonal changes, ultraviolet exposure, and genetic predisposition are recognized contributing factors. This case report describes the successful management of a 43-year-old female school teacher with persistent facial melasma of 6–7 years' duration that developed after her second Caesarean delivery. The pigmentation progressively worsened on sun exposure and caused considerable psychological distress. Wood's lamp examination revealed epidermal pigmentation. Individualized homoeopathic treatment was prescribed after detailed case analysis, with Natrum muriaticum 200C selected as the constitutional remedy. Berberis aquifolium was prescribed as supportive treatment, along with nutritional correction for iron deficiency and adjunctive skin care. Progressive reduction in pigmentation intensity was observed during follow-up, with improvement in facial appearance and patient satisfaction. This case highlights the potential role of individualized homoeopathic treatment as part of an integrative approach for chronic melasma.

Keywords: *Melasma, Hyperpigmentation, Natrum muriaticum, Berberis aquifolium, Individualized Homoeopathy, Case Report*

INTRODUCTION

Melasma is an acquired disorder of hypermelanosis characterized by symmetrical brown or gray-brown macules occurring predominantly over sun-exposed areas of the face. It commonly affects women during their reproductive years and is strongly associated with hormonal influences, ultraviolet radiation, pregnancy, and genetic susceptibility. Although melasma is a benign condition, its chronic course and cosmetic visibility frequently lead to emotional distress, reduced self-esteem, and impaired quality of life.

Conventional treatment options include topical depigmenting agents, chemical peels, lasers, sunscreen, and oral antioxidants. However, recurrence remains common, particularly after sun exposure or hormonal

fluctuations. Individualized homoeopathic treatment aims to address both the constitutional characteristics of the patient and the disease process, offering a holistic therapeutic approach. This case demonstrates successful improvement in chronic pregnancy-associated epidermal melasma following individualized homoeopathic management.

CASE PRESENTATION

A 43-year-old married female, working as a private school teacher, presented with complaints of progressively increasing facial pigmentation for the past 6–7 years. The pigmentation initially appeared after her second Caesarean section and gradually became darker, especially after exposure to sunlight. The patient reported significant cosmetic concern and desired complete clearance of the pigmentation.

She denied any history of pigmentation following her first pregnancy. There was no history suggestive of PCOS, PCOD, thyroid dysfunction, or previous dermatological disorders affecting the face. The pigmentation had progressively worsened over the years despite routine skin care.

The patient had undergone surgery for piles in the past, which later recurred and improved with homoeopathic treatment. Six months prior to consultation, she had undergone laparoscopic cholecystectomy for gallbladder stones.

Laboratory investigations revealed iron deficiency anemia (Hb 10.3 g/dL, ferritin 5.20 ng/mL) with previously documented Vitamin B12 deficiency, for which supplementation had been initiated. Thyroid profile, HbA1c, and serum IgE were within normal limits.

Wood's lamp examination demonstrated brownish epidermal pigmentation, confirming epidermal melasma.

Physical Generals

Appetite: Normal
Diet: Mixed
Craving: Spicy food
Aversion: None specific
Thirst: Approximately 2–3 litres/day
Urine: Normal
Stool: Satisfactory
Perspiration: Scanty, non-offensive
Thermal reaction: Hot patient
Sleep: Refreshing (7–8 hours)
Menses: Regular, heavy flow lasting 6–7 days
Leucorrhoea: Absent

Mental Generals

The patient described herself as emotionally sensitive and straightforward. She mixed well with people but found it difficult to develop close friendships. She trusted others easily and expressed anger openly through shouting when confronted with unfair situations, irrespective of the social position of the other person. She preferred cleanliness, organization, and punctuality.

She reported being religious and emotionally expressive, weeping easily, with consolation providing relief. She experienced mild nervousness before public speaking but otherwise had good confidence. She shared her

emotions primarily with her husband. A significant emotional stressor in her life was prolonged conflict within the joint family between 2008 and 2010, which she continued to recall as one of the saddest phases of her life.

Past History

- Caesarean section ×2
- Surgery for piles
- Laparoscopic cholecystectomy (6 months before consultation)

Family History

No significant hereditary dermatological disorders were reported.

Clinical Examination

General physical examination was within normal limits.

Dermatological examination revealed symmetrical brown hyperpigmented macules over the face. Pigmentation was more prominent over sun-exposed areas.

Wood's lamp examination demonstrated brown fluorescence consistent with epidermal melasma.

No active inflammatory lesions were noted.

Investigations

- Hemoglobin: 10.3 g/dL
- RBC Count: 4.60 million/mm^3
- Hematocrit: 32.7%
- MCV: 71.0 fL
- MCH: 22.3 pg
- Ferritin: 5.20 ng/mL
- Vitamin B12: 349 pg/mL
- HbA1c: 5.5%
- Thyroid Profile — T3: 1.17 ng/mL, T4: 8.4 µg/dL, TSH: 1.009 µIU/mL
- Serum IgE: 26 IU/mL

The investigations indicated iron deficiency anemia without evidence of endocrine abnormalities.

DIAGNOSIS

Pregnancy-associated Epidermal Melasma (Wood's Lamp Positive Epidermal Type)

CASE ANALYSIS

The case represented chronic pregnancy-associated epidermal melasma in a middle-aged woman with gradual progression over several years. Characteristic constitutional features included emotional sensitivity, fastidiousness, punctuality, ambition, religious disposition, easy weeping relieved by consolation, straightforward expression of emotions, and a history of prolonged family-related emotional conflict. Physical generals included craving for spicy food, hot thermal reaction, and regular menstrual cycles.

The totality of mental, emotional, physical, and local characteristics guided the selection of the constitutional homoeopathic remedy, while nutritional deficiencies and photoprotection were addressed simultaneously as part of comprehensive patient management.

TOTALITY OF CHARACTERISTIC SYMPTOMS

Mental Generals

- Ambitious and responsible
- Short-tempered; expresses anger openly
- Straightforward and outspoken, irrespective of the person's status
- Emotionally sensitive
- Weeps easily; consolation ameliorates
- Fastidious; likes cleanliness and organization
- Punctual
- Religious
- Nervous before public speaking
- Shares emotions only with husband
- Mild jealousy and revengeful feelings
- History of prolonged family conflict with in-laws

Physical Generals

- Craving for spicy food
- Hot patient
- Cannot tolerate tight clothing
- Scanty perspiration
- Refreshing sleep
- Regular heavy menstrual cycles
- Mixed diet
- Warm, dry palms

Particular Symptoms

- Melasma for 6–7 years
- Pigmentation aggravated by sun exposure
- Epidermal pigmentation on Wood's lamp examination
- Dryness of facial skin
- Occasional itching
- Facial redness
- Post-pregnancy onset after Caesarean section
- Iron deficiency anemia
- Previous Vitamin B12 deficiency

REPERTORIAL ANALYSIS

Repertorization was performed using Hompath Zomeo software considering the characteristic mental generals and local skin symptoms.

Selected Rubrics

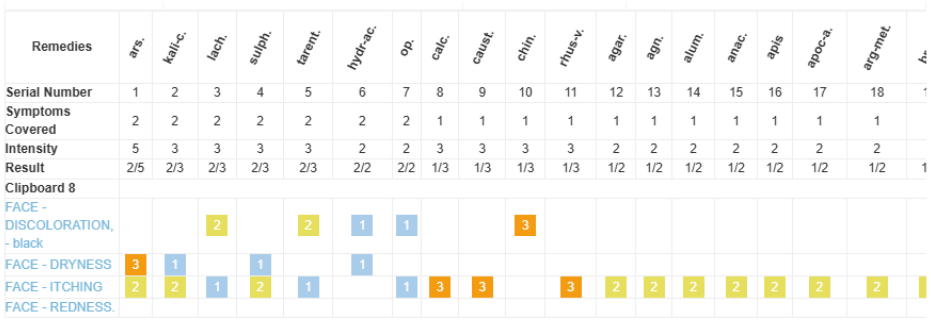
- Face — Discoloration
- Face — Dryness

- Face — Itching
- Face — Redness
- Mind — Fastidious
- Mind — Anger
- Mind — Religious
- Generalities — Heat aggravation

Leading Remedies

Remedy	Result
Arsenicum album	2/5
Kali carbonicum	2/3
Lachesis	2/3
Sulphur	2/3
Natrum muriaticum	2/3
Hydrocotyle	2/2
Opium	2/2

Although Arsenicum album scored highest repertorially for the local skin symptoms, the constitutional portrait of ambition, reserved emotional sharing, sensitivity, punctuality, fastidiousness, miserly disposition, and long-standing emotional conflicts corresponded more closely with Natrum muriaticum, which was selected as the constitutional remedy.



Remedies	ars.	kali-c.	lach.	sulph.	tarent.	hydr-ac.	op.	calc.	caust.	chin.	rhus-v.	agar.	agn.	alum.	anac.	apis	apoc-a.	arg-met.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Symptoms Covered	2	2	2	2	2	2	2	1	1	1	1	1	1	1	1	1	1	1
Intensity	5	3	3	3	3	2	2	3	3	3	3	2	2	2	2	2	2	2
Result	2/5	2/3	2/3	2/3	2/3	2/2	2/2	1/3	1/3	1/3	1/3	1/2	1/2	1/2	1/2	1/2	1/2	1/2
Clipboard 8																		
FACE - DISCOLORATION, - black			2		2	1	1			3								
FACE - DRYNESS	3	1		1		1												
FACE - ITCHING	2	2	1	2	1		1	3	3		3	2	2	2	2	2	2	2
FACE - REDNESS																		

Figure 1. Repertorization chart showing comparative remedy scores.

REMEDY DIFFERENTIATION

Natrum muriaticum

Natrum muriaticum was prescribed because of the patient's constitutional characteristics, including emotional sensitivity, reserved expression of feelings, ambition, fastidiousness, punctuality, history of prolonged emotional stress, and tendency toward chronic pigmentation disorders. The onset of melasma following pregnancy further supported its selection.

Arsenicum album

Arsenicum album covered the facial pigmentation, dryness, and fastidious nature but lacked the characteristic emotional picture of the patient.

Lachesis

Lachesis was considered because of hormonal influence and menopausal-type pigmentation but did not correspond to the patient's emotional and constitutional profile.

Sulphur

Sulphur was considered for chronic pigmentation but was ruled out because the patient lacked the characteristic heat, untidiness, and aggravation from bathing typical of Sulphur.

PRESCRIPTION

Constitutional remedy: Natrum muriaticum 200C
Acute/Supportive remedy: Berberis aquifolium
Intercurrent remedy: Silicea
Nutritional support: Iron supplementation, antioxidant tablets, Vitamin B12 supplementation
Procedures: Microneedling sessions planned according to clinical response
Supportive advice included:

- Daily broad-spectrum sunscreen
- Avoid prolonged sun exposure
- Iron-rich diet
- Continue antioxidant supplementation
- Regular skin moisturization
- Long-term follow-up for maintenance

MIASMATIC ANALYSIS

The case predominantly demonstrated a Psoro-Sycotic miasmatic background.

Psoric Features

- Dryness
- Facial itching
- Emotional sensitivity
- Functional skin pigmentation

Sycotic Features

- Long-standing melasma
- Chronic epidermal pigmentation
- Hormonal onset following pregnancy
- Slow progression

FOLLOW-UP

Duration	Clinical Progress
1 Month	Pigmentation stable; dryness reduced; patient compliant with treatment.
2 Months	Mild reduction in facial pigmentation; erythema reduced; no new lesions.

Duration	Clinical Progress
3–4 Months	Visible improvement in melasma intensity; patient satisfied with progress; continued antioxidant therapy and iron-rich diet.
Final Follow-up	Epidermal pigmentation significantly lighter with marked cosmetic improvement; patient motivated to continue maintenance therapy.

CLINICAL OUTCOME ASSESSMENT

Clinical Parameter	Baseline	Final Follow-up
Facial pigmentation	Severe	Moderately reduced
Pigmentation intensity	Dark brown	Lighter
Facial dryness	Moderate	Minimal
Itching	Occasional	Absent
Redness	Present	Reduced
Cosmetic appearance	Poor	Improved
Patient satisfaction	Distressed	Satisfied

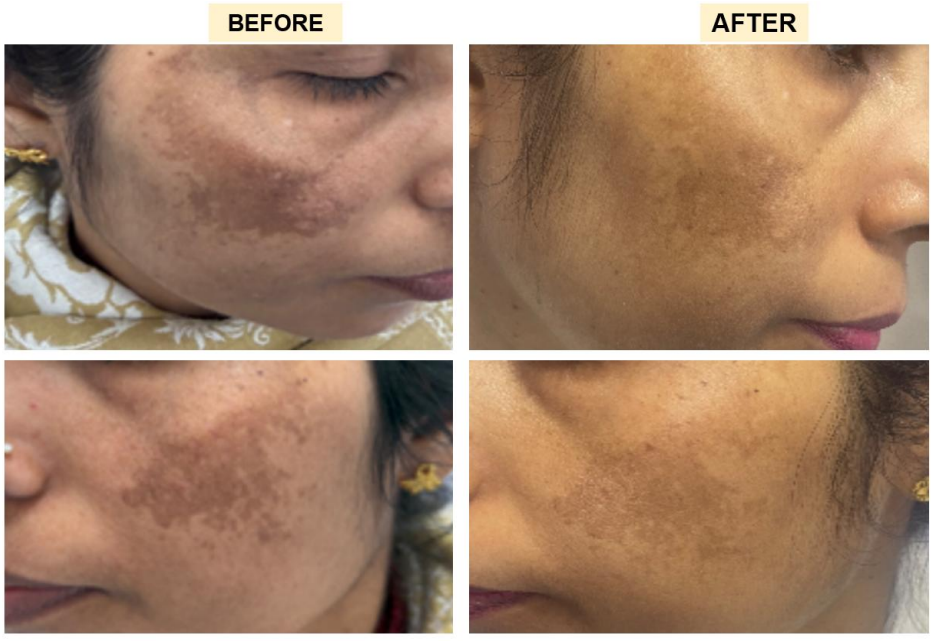


Figure 2. Facial pigmentation before and after individualized homoeopathic treatment.

HEALTH-RELATED QUALITY OF LIFE (HRQL)

The patient experienced considerable cosmetic distress because of progressive facial pigmentation, particularly while working as a school teacher with frequent outdoor exposure. The pigmentation affected her confidence and caused persistent concern regarding facial appearance. Progressive reduction in melasma intensity

following individualized homoeopathic treatment, nutritional correction, and supportive therapies improved her confidence, self-esteem, and satisfaction with her appearance.

PATIENT PERSPECTIVE

> *"The pigmentation had become darker over the years and made me very conscious while interacting with students. After treatment, the patches have become lighter and my skin looks much better. I understand that the treatment requires time, and I am happy with the gradual improvement."*

LEARNING POINTS

- Pregnancy-associated melasma requires long-term follow-up because recurrence is common.
- Wood's lamp examination helps determine the depth of pigmentation and prognosis.
- Correction of iron deficiency and nutritional status should accompany constitutional treatment.
- Constitutional prescribing based on the patient's mental and emotional profile may improve chronic pigmentation disorders.
- Patient counselling regarding realistic expectations is essential in managing melasma.

DISCUSSION

Melasma is a chronic acquired hypermelanosis characterized by symmetrical brown macules over sun-exposed areas of the face. Hormonal influences, ultraviolet exposure, genetic predisposition, and pregnancy are recognized etiological factors. In this patient, pigmentation appeared after Caesarean delivery and gradually worsened over 6–7 years, with marked aggravation on sun exposure. Wood's lamp examination demonstrated epidermal pigmentation, indicating a relatively favorable prognosis.

Constitutional evaluation revealed an ambitious, organized, emotionally sensitive, and fastidious individual with a history of prolonged family-related emotional conflicts. Based on the totality of symptoms, Natrum muriaticum 200C was prescribed as the constitutional remedy. Berberis aquifolium was used as supportive therapy for facial pigmentation, while Silicea was prescribed as an intercurrent remedy when indicated. Correction of iron deficiency, antioxidant supplementation, sun protection, and planned microneedling sessions complemented the constitutional treatment.

During follow-up, the patient demonstrated progressive lightening of pigmentation, reduction in facial dryness and erythema, and improved cosmetic appearance. The outcome highlights the importance of combining individualized constitutional homoeopathic treatment with correction of nutritional deficiencies, photoprotection, and procedural therapies in managing chronic melasma.

CONCLUSION

This case demonstrates successful management of pregnancy-associated epidermal melasma using individualized homoeopathic treatment. Constitutional Natrum muriaticum 200C, supported by Berberis aquifolium, nutritional correction, photoprotection, and adjunctive procedures, resulted in progressive reduction of facial pigmentation and improvement in quality of life. The case emphasizes the importance of individualized constitutional prescribing and comprehensive long-term management for chronic pigmentary disorders.