



INDIVIDUALISED HOMOEOPATHIC MANAGEMENT OF FACIAL MELASMA WITH SEPIA OFFICINALIS: A CASE REPORT

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ABSTRACT: Melasma is a common acquired chronic hyperpigmentation disorder characterised by symmetric light to dark brown macules or patches on sun exposed facial areas, particularly the both malar prominences, nose, forehead and chin. Due to its recurrent nature and impact on facial appearance, melasma often causes psychological distress and reduced quality of life. Homoeopathy provides a safe holistic approach by addressing both the physical and psychological manifestations of the patient.

This case report explores the homoeopathic management of a 41-year-old female patient diagnosed with facial melasma, presented with hyperpigmentation macules and patches on both cheeks (malar pattern of facial melasma) without itching or burning of the lesions typically started after her second delivery gradually got darkened after using topical treatments and chemical peels. Materials and methods included detailed case taking and repertorisation which indicated as predominant psoro-sycotic miasmatic background. After repertorial analysis and using Materia medica the most appropriate individualistic medicine was selected and treatment started with Sepia Officinalis 200C which subsequently repeated based on patient's response.



The outcomes were measured using the modified Melasma Area and Severity Index (mMASI) score to assess the severity and Hindi Version of Melasma Quality of Life (Hi-MELASQOL) for QoL at baseline and after receiving homoeopathic treatment. The result showed a 78.9% improvement in mMASI score indicating a marked reduction in severity of melasma along with a 40.35 % in Hi-MELASQOL reflect a progress in Quality of Life of the patient.

INTRODUCTION

Melasma was previously referred to as *chloasma* or mask of pregnancy comes under ICD-11 ED60.1 is a common acquired hypermelanosis¹, accounts for 0.25% to 4% of the patients in South East Asia Clinics². Melasma affects female than men and seen among Fitzpatrick skin phototype III-VI³. The major contributors of melasma are genetic predisposition with positive family history, hormonal changes, sun or heat exposure, some photosensitizing drugs, oral contraceptive pills/ Hormone Replacement therapies, cosmetics, stress etc⁴. There are multiple complex mechanisms in epidermal, dermal and vascular levels leading to increased melanogenesis in epidermis, fibroblast activation, mast cell activation and solar elastosis in dermis⁵.

The conventional management of melasma includes sun protection using broad spectrum sunscreens, topical depigmenting agents such as Hydroquinone (HQ), along with triple combination therapies with steroids and retinoids (Kligman's formula). Procedural options include chemical peeling agents like salicylic acid, glycolic acid, derma abrasions or laser therapies are also used. However, these treatments are often expensive and non-affordable for many patients. Additionally, they are associated with many direct adverse reactions like erythema, burning, irritant contact dermatitis may lead to complications such as exogenous ochronosis.

Although it is not a life-threatening condition melasma significantly impacts the psychological, emotional and social well-being of the affected individuals. Despite the availability of multiple treatment methods, management of melasma is still challenging as most interventions target hyperpigmentation without adequately addressing the underlying susceptibility or the patient Quality of Life. This highlights a persistent clinical gap in achieving



safe, sustainable and patient centered therapeutic decisions. However, well documented clinical evidence supporting the homoeopathic role in melasma treatment remains limited.

This case of a 41-year-old female who presented with facial melasma intends to demonstrate the clinical improvement with individualised homoeopathic treatment specifically the remedy *Sepia Officinalis* which has been selected after addressing local pathology, psychological burden and underlying psoro-sycotic miasmatic background. Both the severity and Quality of Life was evaluated using the mMASI score of 4 regions, forehead, right and left cheeks and chin, Hi-MELASQOL scale through 10 questions with scoring in Likert scale 1-7 respectively^{6,7}. In this context, the author considers this study significant as the Homoeopathy offers an individualistic and holistic therapeutic approach aimed at improving clinical outcomes and enhancing quality of life of the melasma patients while offering low side effects and a cost-effective alternative to expensive topical and procedural therapies.

PATIENT INFORMATION

Demographic Information

The patient is a 41-year-old female residing in Kolar, Bhopal, Madhya Pradesh visits the OPD of Department of Practice of Medicine on 8 March 2025. The patient is educated, homemaker, married for 18 years and has two children.

Chief Complaints

The patient presented with the complaint of hyperpigmentation on both cheeks without itching or burning from last 5 years. It has been started gradually after her second pregnancy in the form of light patches on the right cheek become darker and spread to left cheek. She has started pain in joints for 1 year especially back with stiffness, heaviness and sensation of bearing down aggravated in morning, standing, lying down and ameliorated by continued motion with general weakness in the evening.

Medical, Family, and Psychosocial History

She has taken allopathic treatment, applied topical ointments and home remedies for around 2 years for hyperpigmentation got temporary relief only. Once she tried chemical peel recommended by her friend which worsened her condition. She had a history of occasional headache since childhood taking painkillers during the attacks. Her family history notes that her sister also suffering from the same complaint for last 10 years. She feels embarrassed and



frustrated about her appearance makes her feel unattractive so avoid social interactions. She gets irritated from least contradiction from people around her, wants to do all household works herself even after physical and mentally exhausted.

CLINICAL FINDINGS

Physical examination findings

A physical visual clinical examination was conducted on patient as it was the diagnosed case of melasma and the patient history was also supportable. On inspection, the melasma lesions presented as hyperpigmented macules and patches over bilateral cheeks in a symmetrical malar distribution. The pigmentation appeared irregular, diffuse, ill-defined margins showing variable sized areas. The color was shades of dark to light brown giving a heterogenous appearance. No secondary changes such as scaling, atrophy or xerosis were observed. On Palpation the lesions are flat (non-palpable), no tenderness or blanching.

CLINICAL HISTORY

Local Symptoms

The patient presented with hyperpigmented macules and patches dark to light brown in color over bilateral cheeks without any irritating local symptoms.

Physical Generals

The patient follows a vegetarian diet with good appetite and can tolerate hunger well. The thirst is increased drinks about 3-4L/day. Her stool is satisfactory and regular once daily with normal urine. The patient has a chilly thermal tendency. Perspiration is profuse especially on the back. She has desire for sour foods, with no specific aversions or intolerances. Her sleep is unrefreshing even after sleeping for 6-8 hours.

Mental Generals

The patient gets easily angered from least trifles from family or outsiders. There is a bit superstitious belief that the black discoloration on face may be caused by some evil spells. She feels embarrassed about appearance, resulting in sense of unattractiveness and avoid social interactions.

MENSTRUAL HISTORY

Gynecological History: She has regular 30 days cycle normal 3-4 duration and flow

Obstetrical History: G2P2A0L2 (FTND)



MIASMATIC DIAGNOSIS

All these findings pointed to a **psoro-sycotic miasmatic background**, characterised by hyperpigmentation (sycosis) and mental traits (psora).

TIMELINE

CLINICAL PARAMETERS	BEFORE TREATMENT	AFTER TREATMENT
<i>mMASI score - Area grade 0-6, darkness grade 0-4</i>		
Area of involvement	50-69% area involvement with macules and patches (grade 5) in the right cheek and lower left cheek involvement 10-29% (grade 2)	Reduced to grade 2 in right cheek but no change in left cheek, areas are still visible but negligible
Intensity of darkness	Marked (dark brown- grade 3) pigmentation in right cheek Moderate (grade 2) pigmentation in the left cheek	Darkness reduced to 1 in right and left cheek shows only mild pigmentation remains
<i>Hi-MELASQOL with LIKERT SCALE 1-7</i>		
The physical appearance of the skin condition	Constantly bothered (7)	Not bothered sometimes (3)
Frustration about the skin condition	Bothered most of the time (6)	Not bothered sometimes (3)
Embarrassment about the skin condition	Constantly bothered (7)	Bothered a few time (5)
Feeling depressed	Bothered a few time (5)	Not bothered sometimes (3)
Effects on interactions with other people	Bothered a few time (5)	Not bothered most of the time (2)
Effects on desire to be with people	Bothered a few time (5)	Not feeling either way (4)

The skin condition makes it hard to show affection	Bothered most of the time (6)	Not feeling either way (4)
Feeling of unattractiveness to others	Bothered most of the time (6)	Not bothered sometimes (3)
Makes them feel less vital or productive	Bothered most of the time (6)	Not bothered sometimes (3)
Effects on their sense of freedom	Not feeling either way (4)	Not feeling either way (4)

Table no 1: Transformation Before & After Homeopathic Treatment



Figure no.1: Before and after treatment

DIAGNOSTIC ASSESSMENT

Diagnostic Methods

The diagnosis was made by detailed case taking, clinical history and a visual physical examination. On inspection, the lesions show hyperpigmented macules and patches over malar distribution symmetrically. The pigmentation appeared irregular, diffuse, ill-defined margins showing variable sized areas of color varies from dark to light brown.

Diagnostic Challenges

Wood lamp examination and advanced diagnostic tool such as dermoscopy were not used which may have limited precise assessment of the depth and extent of pigmentation.



Diagnostic Reasoning

The diagnosis was based on miasmatic and repertorial approach which is completely different from the conventional diagnosis and medicine selection. The homoeopathic analysis considered the patient's physical, mental and particulars, *Sepia officinalis* was selected among *Lycopodium*, *Sulphur*, *Nux vom* etc, after focusing on totality and psoro-sycotic background.

Prognosis: Good

THERAPEUTIC INTERVENTION

TOTALITY OF SYMPTOMS

Mental generals

- ☐ Feels embarrassed and frustrated
- ☐ avoid social interactions
- ☐ irritated from least contradiction
- ☐ wants to do work even after physical and mentally exhausted

Physical generals

- ☐ Perspiration: profuse on back
- ☐ Desire: Sour food
- ☐ Sleep unrefreshing

Particulars

- ☐ Backpain with heaviness and bearing down sensation from 2 years
- ☐ < morning, standing, lying down
- ☐ >motion

Common symptom

- Hyperpigmentation on both cheeks with occasional itching



CASE ANALYSIS

REPERTORY USED	RUBRIC SELECTED
SYNTHESIS-ENGLISH-MOBILE SOFTWARE ⁸	1. MIND-AILMENTS FROM-embarrassment 2. MIND-COMPANY-aversion to 3. MIND- CONTRADICTION- agg 4. MIND-DISCONTENTED 5. FEMALE GENITALIA/SEX-PAIN-bearing down 6. BACK-PAIN-motion- amel 7. SKIN-DISCOLORATION-brown spots 8. SKIN-DISCOLORATION-chloasma

Table no.2: Repertorial totality of symptoms

1 MIND - AILMENTS FROM - embarrassment			
2 MIND - COMPANY - aversion to			
3 MIND - CONTRADICTION - agg.			
4 MIND - DISCONTENTED			
FEMALE GENITALIA/SEX			
5 FEMALE GENITALIA/SEX - PAIN - bearing down			
BACK			
6 BACK - PAIN - motion - amel.			
SKIN			
7 SKIN - DISCOLORATION - brown - spots			
8 SKIN - DISCOLORATION - chloasma			
Remedies	ΣSym	ΣDeg	Symptoms
sep.	8	17	1, 2, 3, 4, 5, 6, 7, 8
lyc.	7	14	2, 3, 4, 5, 6, 7, 8
sulph.	6	11	1, 2, 4, 6, 7, 8
nux-v.	6	9	2, 3, 4, 5, 6, 8
petr.	6	6	2, 3, 4, 6, 7, 8
merc.	5	8	1, 2, 4, 6, 7
aur.	5	7	2, 3, 4, 5, 8
thuj.	5	7	2, 4, 5, 7, 8
coloc.	5	6	1, 2, 4, 5, 6
ferr.	5	6	1, 2, 3, 4, 5

Figure no.2: repertorial results

TYPES OF INTERVENTION

The primary intervention was using individualised homoeopathic medicine along with hygiene and dietary management such as avoidance of peak sun exposure (10am – 4pm), use of protective clothing to cover face, stress manage, balanced diet rich with antioxidants.



TYPE OF HOMOEOPATHIC TREATEMENT

The treatment involved individualised homoeopathic medicine with a single remedy selected based on totality of symptoms, including local, physical and mental characteristics.

MEDICATION DETAILS

Primary Remedy: *Sepia officinalis*, a single-constituent homoeopathic medicine was provided in standard homoeopathic globule form for oral administration.

Potency and scale: Remedies administered in centesimal scale potencies

Administration of Intervention: Treatment was started on 8 March 2025, with *Sepia officinalis* 200 administered orally at regular intervals. As the treatment progressed the potency hasn't changed as it was giving good response but the medicine repeated as the duration of action ended. The duration of treatment and documentation of follow up spanned 8 months from March to November 2025.

Changes in Intervention: The medicine was repeated according to the patient response and not much changes are in the prescription pattern as the medicine was giving good response but the patient was skipping some follow ups.

PRESCRIPTION:

R_x

1. *Sepia officinalis* 200/ BD for 3 days
2. *Sac lac* 30/ BD for 15 days

FOLLOW UP:

DATE	PROGRESS	PRESCRIPTION
21/3/2025	• No reduction in severity of melasma • Backpain persists	Rx <i>Sepia</i> 200/OD/ weekly once / 4 weeks <i>Sac lac</i> 30/ BD for 15 days
4/6/2025	• Discoloration of the melasma seems reducing • General well being • No attacks of headache in these months • Back pain reduced	Rx <i>Rubrum met</i> 150/BD/15 days <i>Sac lac</i> 30/ BD for 15 days



20/8/2025	• Darkness of patches getting lightened • Mentally satisfied	Rx Sepia 200/OD/ weekly once / 4 weeks SL 200/BD/ 15 days
28/10/2025	• Discoloration reduced further • All generals better	Rx Rubrum met 200/ BD for 15 days SL 200/BD/ 15 days
25/11/2025	• Much improvement in darkness on cheeks but the areas are still visible • Mental calmness has started to getting better still on progress	Rx SL 200/BD/ 15 days

Table no.3: follow up and outcome

DISCUSSION

This case report suggests the role of individualised homoeopathic medicine in facial melasma which has been selected after considering all the spheres-physical and mental symptoms not only reduces the severity of pigmentation but also contributes meaningfully to improve the psychosocial well-being of patients with melasma.

The result showed a 78.9% improvement in mMASI score as the total score reduced from 5.7 to 1.2 indicating a marked reduction in severity of melasma after administering medicine. The total score of Hi-MELASQOL also changed from 57 to 34 with a 40.35 % improvement reflects a progress in Quality of Life of the patient.

Several case reports highlight the effectiveness of individualised homoeopathy in melasma. Karmakar et al. treated a 48-year-old woman with *Staphysagria 200C*, showing significant improvement with MONARCH as +9.⁹ Minal Sharma et al. managed a 38-year-old chronic treatment resistant melasma case with *Sepia 200C* and *Berberis aquifolium Q*, resulting in reduced pigmentation and improved self-esteem¹⁰. Dr. Lawrence Chukwudi Nwabudike reported sustained remission in a 34-year-old woman who was unresponsive to topical corticosteroids and combination therapies using *Lycopodium* and *Apis mellifica 30*.¹¹ Similarly, Dr. Shuchita Chattree treated a 35-year-old woman with *Sepia succus 200*, leading to marked improvement in melasma and associated symptoms within five months¹². These studies, along with the present case, highlights that individualised remedy selection based on totality of



symptoms plays a crucial role in achieving clinical improvement. The gradual reduction in pigmentation observed in this case further supports the effectiveness of homoeopathy in managing melasma and it is comparable to earlier clinical reports and theoretical principles of individualised prescribing. This is further strengthened in my case report by objective assessment using the mMASI score and subjective assessment of Quality-of-Life evaluation through Hi-MELASQOL.

The limitation of this study is it is a single case report should need further researches with large sample size, presence of control groups, blinding and comparison with standard treatments. Sunscreen protection was intentionally not incorporated. As the melasma is an inveterate skin disorder it needs a longer treatment period and the author couldn't study the recurrence rate of this case.

CONCLUSION

This case report demonstrates the effectiveness of individualised homoeopathic medicine in the treatment of melasma incorporating individual's constitution, mental traits, psychological and emotional burden, in addition to clinical severity, while considering a therapeutic decision.

DECLARATION OF PATIENT CONSENT

We certified that the patient has given her consent to provide the images and clinical information to publish in the journal and will not disclose any personal details in the public domain.

Conflict of Interest

The authors declare that there is no conflict of interest regarding the publication of this paper.

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