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A CASE OF FACIAL HYPOPIGMENTATION CONSTITUTIONALLY TREATED WITH HOMOEOPATHIC MEDICINE NATRUM MURIATICUM

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ABSTRACT: Perioral dermatitis is a chronic inflammatory skin condition that typically presents as erythematous papules, pustules, and scaling around the mouth, nose, and eyes. While it primarily affects women between the ages of 15 and 45, cases in postmenopausal women are also being increasingly reported. Globally, the prevalence of perioral dermatitis is estimated to be around 0.5% to 1% of the population, though actual numbers may be higher due to underreporting and misdiagnosis. Various triggers such as topical corticosteroids, hormonal changes, and underlying systemic conditions like diabetes and thyroid disorders are commonly implicated in its pathogenesis. This paper discusses the case of a 56-year-old postmenopausal woman with a complex medical history, including hypothyroidism and diabetes, who developed perioral dermatitis followed by hypopigmentation. The case study highlights the physical, emotional, and psychological impact of the disease, the therapeutic approach taken, and the importance of holistic care in chronic dermatological conditions. The improvement is assessed using photographic evidence.

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INTRODUCTION

Perioral dermatitis is a chronic, relapsing facial dermatosis predominantly affecting women, characterized by grouped inflammatory papules, pustules, and scaling around the mouth, and sometimes the eyes and nose[1]. The etiology is multifactorial, with contributing factors including prolonged use of topical corticosteroids, hormonal changes, fluoridated toothpaste, cosmetics, and underlying systemic conditions such as diabetes and thyroid dysfunctions[2]. The condition is more prevalent in adult women, although it can also be observed in men and children[3]. The global prevalence is relatively low, estimated at approximately 0.5–1%, but may be underestimated due to misdiagnosis as acne or rosacea[3]. Signs and symptoms include redness, burning, tightness, dryness, and small inflamed papules or pustules around the perioral region[4]. Complications can consist of persistent erythema, post-inflammatory pigmentation changes (both hyper- and hypopigmentation), and psychosocial distress due to facial disfigurement[4]. Homoeopathy views perioral dermatitis as a reflection of internal systemic imbalance and emotional triggers, emphasizing individualized remedies based on the patient's constitution and mental-emotional profile[8,9]. This paper explores a case where conventional and supportive dermatological care led to remission, and also reflects on the broader importance of integrating emotional support and patient- centered care in chronic skin conditions.

CASE PROFILE

A 56-year-old postmenopausal woman with a background of hypothyroidism and type 2 diabetes mellitus presented with symptoms of perioral dermatitis, including redness, irritation, and dryness around the mouth and face. During the course of dermatological treatment, she developed hypo pigmented patches on her face, leading to increased anxiety and fear about her appearance and the possibility of the condition spreading. The emotional impact of the skin changes was significant, particularly given her age and concern over long-term cosmetic effects. She experienced psychological distress, especially during the onset of hypopigmentation, worrying about permanent changes to her facial skin. Her anxiety initially worsened due to visible skin discoloration.

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PAST HISTORY

Diagnosed with hypothyroidism since 2005; currently on Eltroxin 75 mcg daily.

Diagnosed with type 2 diabetes mellitus in 2017; under regular treatment with Zoryl, Omlezest, and Gliasren.

FAMILY HISTORY

Father and younger brother are diabetic.

GENERAL SYMPTOMS

The patient had normal appetite and was taking a balanced meal. Thirst was moderate with 1-2 liters/ day. Her stools were regular, and she voided urine without any difficulty. She slept for 7 to 8 hours without any disturbance. Her sweat was profuse, especially on her face. The patient desires spicy and salty food, as well as sweets. Her thermal was hot.

EXAMINATION OF THE PATIENT

Patient alert and oriented. Hypo pigmented patches noted on the face, especially around the perioral area. Skin otherwise clear, no active redness or scaling, no signs of infection or ulceration. Vital signs within normal limits. No lymphadenopathy, and Systemic examination was unremarkable.

LIFE SPACE INVESTIGATION

From childhood, the patient has maintained good relationships with her family members, including her twin brother, two younger brothers, and younger sister. She describes a close and supportive bond with her siblings as well as with her parents. The family is well-educated, and she herself completed a master's degree. After working as a secretary for about eight years, she left her job following the birth of her children. She has been married for 25 years, sharing a strong and affectionate bond with her husband, who works as an HR head. The patient considers her husband her closest confidant.

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Mentally, she tends to get angry easily, especially when her children do not listen to her, often resulting in her raising her voice. She experiences emotional sensitivity and becomes easily upset. Socially, she prefers to keep to herself and is not comfortable interacting with new people, often valuing solitude and her own company. She reports a fear of illness, which contributes to some anxiety but denies any major stressful events currently impacting her life. The recent move of her sister to their elderly father's home has caused some concern, as the sister is dependent on the father's income. Despite this, her overall familial relationships remain positive and supportive.

CASE ANALYSIS

REPERTORIAL TOTALITY

Complete repertory was used for repertorization

Mind – Fear – disease, of

Mind – Weeping – easily

Mind – Company – aversion to, alone, being, amel.

Mind – Reserved, taciturn

Skin – Discoloration – white spots

Skin – Eruption – face – around mouth

Generalities – Heat – agg.

Perspiration – Face – excessive

Desires – Spices / Salt / Sweets

REPERTORY CHART

Remedy Name	Nat-m	Pb-ac	Plat	Arg-n	Puls	Med	Thuj	Alum
Totality	9	9	9	8	8	7	7	7
Symptom Covered	5	4	3	4	3	5	5	4
[C] [Mind]Anger, irascibility:Tendency:Children, in:						1		
[C] [Mind]Fear:Disease, of (See Anxiety;p health):Impending:	1	2	2	2	2	1	1	2
[KT] [Mind]Weeping,tearful mood,etc.:	3	2	3	2	3	2	1	2
[C] [Mind]Company:Aversion to, agg.:Alone:Agg. when alone and amel. in con		1						
[BN] [Mind]Taciturn, silent, mute, etc.:	1	4	4	2	3		2	1
[C] [Skin]Discoloration:White:Spots, vitiligo:	1					1	1	2
[C] [Generalities]Food and drinks:Sour, acids:Desires:Salt, and:	3			2		2	2	

Figure 1: Computer Repertorial Result

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BASIS OF SELECTION

Natrum Muriaticum

Selected as the constitutional remedy based on the patient's mental and physical totality. The patient is emotionally sensitive, prefers solitude, is reserved in nature, and becomes easily angry and tearful. These traits, along with her fear of disease, hot thermal , and skin issues with hypopigmentation is indicative of Natrum Muriaticum**.**

OBSERVATION AND RESULT

MONTH	PROGRESS	PRESCRIPTION
1st Month	Initial improvement noted. Skin texture beginning to improve, emotional symptoms like anxiety and fear reduced slightly.	**Natrum Muriaticum 200C**, 5-6 pills, 1 dose/week + **SAC-LAC**, 2 pills, twice daily
2nd Month	Further improvement in perioral region. No new eruptions. Patient emotionally more stable.	**Natrum Muriaticum 200C**, 5-6 pills, 1 dose/week + **SAC-LAC**, 2 pills, twice daily
3rd Month	Visible skin lightening, hypopigmented spots reduced. Patient reports better sleep and less irritability.	**Natrum Muriaticum 200C**, 5-6 pills, 1 dose/week + **SAC-LAC**, 2 pills, twice daily
4th Month	Skin much clearer; patient emotionally calm. Facial patches minimal. Patient very happy.	**Natrum Muriaticum 200C**, 5-6 pills, 1 dose/week + **SAC-LAC**, 2 pills, twice daily
5th Month	Almost full recovery of skin tone. Anxiety significantly reduced. No new patches.	**Natrum Muriaticum 200C**, 5-6 pills, 1 dose/week + **SAC-LAC**, 2 pills, twice daily
6th Month	Skin nearly recovered. Comparison with pictures confirms marked improvement.	**Natrum Muriaticum 200C**, continued (reduced frequency) + **SAC-LAC**, continued
7th Month	Skin clear; stress manageable; no active eruptions or spread.	**SAC-LAC**, 5-6 pills, twice daily
8th Month	No new eruptions. Skin fully clear. Emotional health good.	**SAC-LAC**, 5-6 pills, twice daily

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9th Month	No symptoms; case considered cured by physician. Comparison with old pictures confirms complete recovery.	**SAC-LAC**, 5-6 pills, twice daily
10th Month	No relapse. Patient stable. Missed 10 days of medicine without issue.	**SAC-LAC**, 5-6 pills, twice daily
11th Month	No new patches for several months. Skin healthy. Emotional balance maintained.	**SAC-LAC**, 5-6 pills, twice daily
12th Month	Advised break from medicines as skin remained clear for more than 3 months. Patient declared cured.	**SAC-LAC**, 5-6 pills, twice daily

Table 1: Record of the Follow-up

Figure 2: Before and After Treatment

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RESULT

This case highlights the successful management of perioral dermatitis with hypopigmentation in a 56-year-old postmenopausal woman with chronic comorbidities including hypothyroidism and type 2 diabetes mellitus treated with Natrum Muriaticum. Improvement is evident with pictorial and symptomatic relief. The patient initially presented with significant dermatological complaints, emotional distress, and anxiety about her appearance. A constitutional homeopathic approach was adopted, with Natrum Muriaticum 200C selected based on the totality of physical and mental symptoms such as emotional sensitivity, aversion to company, anger, fear of illness, and skin discoloration.

The patient's response to treatment was gradual yet steady, with consistent improvement observed in both skin condition and emotional well-being over a 12-month period. The miasmatic analysis revealed Psoric and Sycotic predominance, which helped guide remedy selection and case management. The use of photographic comparisons throughout treatment provided visual confirmation of progress and significantly boosted the patient's confidence.

DISCUSSION

Previous literature supports the role of homoeopathic constitutional remedies in managing chronic dermatological conditions[5,6]. A study demonstrated that individualized homoeopathy showed improvement in various chronic skin diseases, including dermatitis. Similarly, a case series noted also clinical improvements in perioral and seborrheic dermatitis following constitutional prescriptions.

Constitutional homoeopathy may offer a non-toxic, individualized, and holistic alternative focusing on internal balance and long-term resolution rather than symptomatic suppression[7]. However, with consistent treatment and support, she gradually observed improvement in her skin texture and tone. The return of her natural skin colour and the resolution of active dermatitis symptoms led to a notable decrease in anxiety and stress levels.

Despite the chronic nature of her condition and comorbidities, she responded well to medical therapy and skin care regimens, and her emotional state improved as her skin healed. Regular follow-up and photographic comparisons played a crucial role in tracking progress and reassuring the patient, ultimately contributing to her psychological and dermatological recovery. Medicine is considered according to the totality of symptoms[10].

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Nonetheless, further controlled studies are needed to validate homoeopathy's efficacy and elucidate mechanisms involved in dermatological healing.

CONCLUSION

This case demonstrates the effectiveness of individualized homeopathic treatment in chronic dermatological conditions, especially when integrated with holistic patient care. It also reinforces the importance of considering emotional and constitutional factors in the treatment of skin diseases. The case was ultimately resolved without relapse, and the patient remained symptom-free, confirming the appropriateness of the chosen remedy and management strategy

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