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Melasma treatment through integrative medicine: Evaluating the role of homoeopathy

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Abstract

Melasma is a chronic hyperpigmentary disorder presenting as symmetrical brown to gray-brown patches on the face, predominantly affecting women of reproductive age. Its development is associated with genetic predisposition, hormonal influences, pregnancy, medications, thyroid disorders, and prolonged sun exposure. The condition is classified into epidermal, dermal, and mixed types, with treatment outcomes varying accordingly. Conventional therapies, including topical agents, photoprotection, and chemical or laser procedures, often provide only temporary relief with frequent recurrences. Homeopathy offers an individualized and holistic approach, addressing not only pigmentation but also the patient's constitutional background. Remedies such as *Sepia*, *Natrum muriaticum*, *Lycopodium*, *Sulphur*, and *Berberis aquifolium* are frequently indicated and have shown encouraging results in case reports. While evidence suggests potential improvement in both skin symptoms and overall quality of life, further clinical research is needed to validate the role of homeopathy in melasma management.

Keywords: Melasma, hyperpigmentation, chloasma, hormonal pigmentation, risk factors, constitutional remedies, sepia, natrum muriaticum, *Lycopodium*, *sulphur*, *Berberis aquifolium*, Psoric miasm, holistic treatment, alternative medicine

Introduction

Melasma is a common skin problem caused by brown to gray-brown patches on the face. Most people get it on their cheeks, chin, nose bridge, forehead, and above the upper lip. It is more common in women than men. Pregnancy is a common cause of melasma. It also affects women taking oral contraceptives and hormones. This activity reviews the evaluation of melasma and highlights the role of the interprofessional team in managing patients with this condition.

Causes

Melasma develops due to a combination of genetic, hormonal, and environmental factors. Prolonged sun exposure is the most common trigger, especially in individuals with light brown skin living in sunny regions. Women are nearly nine times more likely to be affected, with 15% to 50% of cases occurring during pregnancy due to hormonal changes. A family history is reported in up to half of patients, highlighting genetic predisposition. Hormonal influences such as oral contraceptives and hormone replacement therapy further increase risk. Certain medications, including anti-seizure drugs, antibiotics, and some antihypertensives, heighten photosensitivity and can precipitate melasma. Endocrine disorders like thyroid disease, and rarely Addison's disease, are also associated. Additionally, cosmetic products, allergic reactions, and even minimal sun exposure may cause recurrence or aggravation of pigmentation.

Risk Factors for Melasma

Melasma is primarily triggered by prolonged sun exposure, as ultraviolet radiation stimulates excessive melanin production and darkening of the skin. It is more common in individuals with light brown skin, particularly those living in regions with high sun intensity. Women are especially vulnerable, being almost nine times more likely to develop the condition than men, largely due to hormonal influences such as pregnancy, oral contraceptive use, and hormone therapy.

Hormonal Influences

Hormonal changes are a key factor in melasma. During pregnancy, 15% to 50% of women develop hyperpigmentation, known as *chloasma* or the “mask of pregnancy,” due to elevated estrogen and progesterone levels. While it may fade after delivery, it often persists or recurs. Similarly, hormonal treatments such as birth control pills and hormone replacement therapy can disrupt the hormonal balance and trigger or worsen melasma, especially in women with a genetic predisposition.

Genetic and Environmental Factors

Genetic predisposition contributes significantly to the development of melasma, with nearly 50% of patients reporting a family history of the condition. This suggests that inherited factors may influence melanocyte function and the skin's response to hormonal fluctuations and environmental triggers. Individuals with such a background often show heightened vulnerability to pigmentation disorders. Another crucial factor is sun sensitivity. Even minimal exposure to ultraviolet or visible light can darken existing patches or cause previously faded pigmentation to reappear. Many patients notice that melasma worsens during the summer and improves in winter, underscoring the strong impact of sunlight. Because of this sensitivity, consistent and effective photoprotection becomes a vital component of both prevention and long-term management.

Health Conditions and Medications

Thyroid disorders are recognized as important risk factors for melasma, as hormonal imbalances can disrupt normal skin pigmentation and increase susceptibility to hyperpigmentation. Certain medications also contribute by enhancing photosensitivity; these include anti-seizure drugs, specific blood pressure medicines, and some antibiotics, all of which make the skin more reactive to sunlight. Additionally, allergic or phototoxic reactions triggered by drugs, cosmetics, or perfumed products can further aggravate pigmentation by irritating the skin and stimulating melanocyte activity. Careful assessment of medical history, ongoing treatments, and cosmetic use is therefore essential in understanding and managing melasma effectively.

Types of Melasma

1. Epidermal Melasma

Epidermal melasma is characterized by well-defined borders and dark brown pigmentation. Under a Wood lamp, the discoloration appears more pronounced, and dermoscopy reveals a brown reticular network with dark fine granules. This type generally responds well to treatment.

2. Dermal Melasma

Dermal melasma has ill-defined borders and light brown to blue-grey pigmentation. It does not show accentuation under a Wood lamp, and dermoscopy reveals a reticuloglobular pattern, telangiectasia, and arciform structures. Treatment for dermal melasma tends to have a poor response.

3. Mixed Melasma

Mixed melasma is the most common type and presents with a combination of blue-grey and light to dark brown colors. It has well-defined borders and shows mixed patterns under both the Wood lamp and dermatoscope. Treatment typically results in partial improvement.

Symptoms

Melasma typically manifests as brown or gray-brown patches on the face, appearing symmetrically. Common areas affected include the cheeks, forehead, nose, and upper lip, though it can also appear on other sun-exposed regions. The skin in these areas may feel slightly rough or dry.

The main characteristic of melasma is hyperpigmentation, where certain areas of skin darken compared to the surrounding skin. These patches are usually uniform and symmetrical, predominantly on the face. While melasma doesn't cause pain, the skin can become more sensitive, especially when exposed to the sun.

Diagnosis

A dermatologist typically diagnoses melasma through a visual exam of the face and neck. They may use tools like a Wood's lamp or dermatoscope to assess the depth of pigmentation. If necessary, a skin biopsy can be performed to rule out other conditions, and additional tests may be conducted to check for infections or the extent of skin involvement.

Homoeopathic Approach

The pigmentation occurs due to the overproduction of melanin by melanocytes, which is then absorbed by the keratinocytes. This leads to either epidermal or dermal melanosis, or both. There is a genetic predisposition to melasma, and in most cases, it is a chronic condition. Miasmatic evaluation of the presenting symptoms, based on *The Chronic Diseases* by Dr. Samuel Hahnemann, revealed a predominance of the psoric miasm.

Homoeopathic remedies

1. Sepia: Sepia is ideal for women experiencing hormonal imbalances or irregular menstrual cycles, especially after childbirth or menopause. The melasma patches are typically brownish-yellow and may be accompanied by symptoms like hot flashes, mood swings, and irregular cycles. Other symptoms may include fatigue, depression, irritability, and an aversion to physical activity.

2. Natrum Muriaticum: This remedy is useful for melasma caused by grief, emotional suppression, or prolonged sun exposure. The skin may appear oily with brown patches on the forehead and cheeks. Those needing Natrum Muriaticum may have a craving for salt, be emotionally reserved, and often dwell on past experiences.

3. Lycopodium: Lycopodium is helpful when melasma presents as brownish patches on the forehead, temples, and nose. It is also beneficial for individuals with digestive issues like bloating and flatulence, especially if symptoms worsen in the late afternoon or early evening. These individuals may have a lack of self-confidence and fear public speaking.

4. Sulphur: Sulphur is beneficial for people with brownish patches and dry, rough skin. A burning sensation may be present along with a preference for open air. Symptoms often worsen with heat, and these individuals may feel restless, have an aversion to bathing, and experience itching.

5. Sepia Officinalis: Sepia is highly effective for treating melasma, especially when yellowish-brown spots appear on

the cheeks, forehead, and nose. It may also cause a yellow saddle across the upper cheeks and nose, with dark circles under the eyes. *Sepia* is particularly suitable for individuals with dark hair and rigid fibers, and is helpful for facial discoloration during pregnancy, childbirth, or menopause.

6. *Berberis aquifolium*: A reliable remedy for pigmentation caused by eruptions, *Berberis aquifolium* is effective for treating spots and scars left by eruptions. It can help to restore healthy skin that feels waxy, dry, rough, and scaly.

7. *Cadmium Sulphuratum*: For pigmentation that worsens with sun exposure, *Cadmium Sulphuratum* is an ideal remedy. The pigmentation can range from yellowish to brown and is most prominent on the nose and cheeks. It's also beneficial for pigmentation aggravated by wind exposure, with a possible itchy sensation on the face.

8. *Pulsatilla Nigricans*: *Pulsatilla* is especially effective for women with menstrual irregularities, including delayed, scanty, or suppressed periods. Melasma presents as pigmented spots or freckles on the face, and *Pulsatilla* can also help with acne triggered by menstrual issues.

9. *Psorinum*: *Psorinum* is suited for individuals with oily, greasy skin and facial pigmentation. The skin may appear dull and unhealthy, with pigmentation spots and possible itching. Acne, either papular or pustular, may also accompany this condition.

10. *Sulphur*: *Sulphur* is a strong remedy for dry, unhealthy skin with pigmentation. It is particularly effective for pigmentation resulting from external ointments and treatments. The skin often feels dirty, with intense itching and burning sensations, which worsen in heat.

Management and Prevention

To manage melasma and prevent it from worsening, it's crucial to avoid certain triggers. These include sun exposure, tanning beds, LED screens, irritating soaps, and hormonal birth control. If you are exposed to the sun, apply sunscreen with iron oxide and SPF 30-50 every two hours and wear a wide-brimmed hat. These steps can help keep melasma from becoming more severe.

People with melasma should avoid

- Hormone treatments, especially those containing estrogen.
- Oral contraceptives with estrogen and progesterone.
- LED light from devices like TVs, laptops, cell phones, and tablets.
- Irritating makeup and skincare products.
- Medications that could worsen melasma.
- Scented soaps and skin products that may irritate the skin.
- Tanning beds.
- Waxing, which could aggravate melasma.

Choosing the right sunscreen is essential for melasma management. Studies suggest that broad-spectrum tinted sunscreens, particularly those with iron oxide, can reduce pigmentation by blocking both visible light and UVA/UVB rays. Non-tinted sunscreens

don't block visible light, which can contribute to melasma flare-ups. For convenience, cosmetic products like foundations containing both UVA/UVB blockers and visible light blockers such as iron oxide can help conceal dark spots while protecting against further darkening.

Additionally, it's important to note that visible light can penetrate through windows, so even when you're not outdoors, you may still experience melasma flare-ups from exposure to visible light while driving or sitting near a window.

Clinical Evidence and Efficacy of Homoeopathy

Melasma, a common skin condition marked by dark, irregular facial patches, is often triggered by hormonal fluctuations, sun exposure, or genetic factors. While traditional treatments like topical medications, chemical peels, and laser therapy are commonly used, some individuals turn to alternative methods, including homeopathy.

Conclusion

Homeopathy presents a personalized treatment approach for melasma, with some encouraging case reports suggesting positive outcomes. Remedies like *Lycopodium*, *Sepia*, and *Berberis aquifolium* have been explored for their potential to address both the physical symptoms and emotional aspects of the condition. However, due to limited clinical evidence, further research and larger studies are needed to validate their effectiveness and safety for melasma. For those interested in homeopathic treatments, it is essential to consult a qualified practitioner to receive a customized and well-informed treatment plan.

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