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A case report on melasma

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Abstract

Background: Melasma, a common acquired hyperpigmentation disorder, often poses a therapeutic challenge due to its chronic nature and tendency to recur.

Method: This case report presents a successful management of melasma using homeopathy in a 48-year-old female patient. The homeopathic approach targeted individualized treatment, addressing the patient's overall health and emotional well-being alongside the skin condition. A detailed case history, the prescribed homeopathic remedy, and the patient's outcomes are discussed.

Result: gradual reduction of MSR score and MONARCH score (+9) together establishes the improvement of the case.

Conclusion: The positive result indicates that homeopathy can be a valuable complementary therapy for the treatment of melasma.

Keywords: Melasma, homeopathy, hyperpigmentation, case report

Introduction

Melasma is a common skin disorder, is characterized by brown to gray-brown, symmetrical, and irregular patches on sun-exposed areas of the face. But there is another type of melasma which is called extra facial melasma. Among the etiopathology UV- ray exposure, genetic factor, hormonal influence other external and internal chemicals and drugs like anti-seizure drugs, OCP, HRT may act as an important role in its formation. Other than that liver, ovary, thyroid dysfunctions, malnutrition may produce this thing. Melasma generally is often challenging to manage due to its chronic and recurrent nature. Conventional treatment options primarily focus on topical agents and sun protection. This case report explores the use of homeopathy as a complementary approach for the treatment of melasma. Women specially of reproductive age group particularly between 20 to 40 yrs., Asian, Hispanics, oriental dark-skinned individuals seen to be more prone to this problem ^[1,2]. There are many therapies in conventional system of medicine with phenolic compound, non-phenolic compound, plant extracts, laser therapy but it is always have limited and sometimes comes with Side effects ^[2]. In many studies of complementary and alternative system it is seen to be efficacious for the treatment of melasma ^[3,4]. Homeopathy can take very important role in managing the huge population towards prolong and gradual gentle recovery ^[5].

Melasma seems a local hyperpigmentation from its appearance but it has obviously an internal systemic condition manifests in above manner. In Organon of Medicine, aphorism (188-192) master Hahnemann says that any local symptom that doesn't come from traumatic external influence is a condition have definite internal dynamic cause. It is obvious that the whole organism takes part in forming this kind of local disease. So, we need to treat this as a whole, as the individualization is key to treat this individualized case ^[6].

Case Report

A 48-year-old woman, presented to our clinic on 05/10/2021 with a complaint of symmetrically distributed hyperpigmented patches on her face for past one year. These patches were dark brown, irregularly shaped, and symmetrically distributed on her cheeks. The patient reported that she noticed the pigmentation gradually worsening and becoming more noticeable over time. There were no history of itching, pain, or associated skin lesions.

Social History

She was a working woman, living with her unemployed son but her husband left them a few years ago. Her son, who was only 22 years old, suddenly got married without his

mother's permission. She was abused verbally by her daughter-in-law. Despite her anger, she suppressed her emotions. At a certain phase of time, she had told her son to leave their home. This decision was made with a heavy heart, as she was deeply affectionate towards her son. During consultation, tears welled up in her eyes as she had been sharing her feelings.

Medical History

She did show no history of autoimmune disorders, thyroid dysfunction, or significant allergies. Her family history was not remarkable for skin disorders. She did not report any recent changes in her skincare routine, such as the use of new products or treatments.

Physical Examination

Upon physical examination, her face revealed hyperpigmented patches primarily on her cheeks and forehead, consistent with a diagnosis of melasma. The patches were symmetrical and had an irregular border. There was no evidence of inflammation, scaling, or scarring associated with the pigmented areas. Examination of the rest of her skin was unremarkable.

Differential Diagnosis

Melasma: The clinical presentation of symmetrical hyperpigmented patches on sun-exposed areas, such as the cheeks and forehead, was highly suggestive of melasma.

Post-inflammatory hyperpigmentation

Although the patient denied any preceding skin lesions, this diagnosis could not be entirely ruled out. Dermatitis papulose nigra: Unlikely given the presentation, as this condition typically presents with small, dark papules rather than larger, irregularly shaped patches.

Laboratory Investigations

Laboratory tests, including a complete blood count, liver function tests, and thyroid function tests, were within normal limits. These tests helped rule out systemic conditions that could contribute to hyperpigmentation.

Homoeopathic Evaluation

A thorough case-taking was conducted, focusing on the patient's physical, mental, and emotional symptoms. The patient reported experiencing heightened stress level in her daily life due to family matters.

As per detailed case history, family history of tuberculosis and cancer was found. Generalities included good appetite; desire- milk, salty food, tea; intolerance-nothing such; stool-hard; thirst- good; perspiration- normal; thermal relation- hot.

Repertorial analysis:

Using RADAR(windows), after conversion of characteristic or important symptoms into rubrics and sub rubrics.

1. MIND-AILMENTS FROM - abused; after being,
2. Mind - AILMENTS FROM – indignation.
3. MIND - AILMENTS FROM – mortification.
4. MIND - AILMENTS FROM - anger – suppressed.
5. MIND - EMOTIONS – suppressed.
6. MIND-AFFECTIONATE.
7. MIND - WEEPING - telling - sickness; when telling of her.
8. GENERALS - FOOD and DRINKS - milk – desire.
9. GENERALS - FOOD and DRINKS - salt – desire.
10. FACE - DISCOLORATION – brown.

Diagnostic assessment

The patient was diagnosed as a melasma based on her clinical presentation, which was highly suggestive of this condition. Her medical and family history, as well as the absence of other skin-related symptoms, supported this diagnosis.

Therapeutic intervention

Repertorisation sheet (with RADAR 10.05.003 for windows) is attached below as the basis of prescription. (Fig.1).

Prescription

Selected medicine was Staphysagria 200, 2 doses in globule form, prescribed on 05/10/2021 and patient was asked to take orally, in empty stomach, early in the morning.

Basis of prescription

On the basis of reportorial analysis selection of Staphysagria was done, for final prescription Materia medica [7,8,9] was consulted.

	cal.c.	staph.	nat-m.	sep.	anac.	aur-m.	br.
1. MIND - AILMENTS FROM - abused; after being (8) 1	1	2	-	-	1	-	-
2. MIND - AILMENTS FROM - indignation (24) 1	1	4	2	-	-	1	1
3. MIND - AILMENTS FROM - mortification (67) 1	1	4	3	1	1	2	2
4. MIND - AILMENTS FROM - anger - suppressed (37) 1	1	3	2	1	1	2	-
5. MIND - EMOTIONS - suppressed (15) 1	1	3	-	1	-	-	-
6. MIND - AFFECTIONATE (71) 1	1	2	2	1	1	2	1
7. MIND - WEEPING - telling - sickness; when telling of her (15) 1	1	1	1	3	-	-	1
8. GENERALS - FOOD and DRINKS - milk - desire (108) 1	2	1	4	1	1	1	-
9. GENERALS - FOOD and DRINKS - salt - desire (86) 1	2	2	2	-	1	1	2
10. FACE - DISCOLORATION - brown (30) 1	1	1	-	2	-	-	1

Fig 1: Reportorial sheet (radar 10.05.003 FOR WINDOWS)

Follow-up and outcome

Follow ups are given in table 1.

Response to the course of treatment

After 9 months of consistent homoeopathic treatment, the patient showed significant improvement, patches became noticeably lighter. Her anxiety had significantly decreased, and she also reported relief from hard stool. Further follow-ups showed no recurrence of this pigmentation.

Clinician and patient assessed outcomes

The subjective symptoms are evaluated on the basis of MSR score ^[10] which decreased gradually confirming the improvement of the case.

Objective evidence

Photographs are used as objective evidence. (Fig.2).

Possible causal attribution

“Modified Naranjo Criteria for Homoeopathy” (MONARCH) ^[11] score +9 confirms the causal attribution between remedy and result.

Adverse or unanticipated events

None observed.

Homoeopathic Aggravation

None observed.

Table 1: Follow up of the case

Present complaint	Date of visit	Medicine prescribed	MSRS ¹⁰
It is a gradually worsening of an irregular-shaped hyperpigmented patch, appears symmetrically in both cheeks. Patient feeling mortified with indignation who could not expressed her emotions like anger. She weeps while telling her symptom. Having hard stool and desires for extra salt and milk is her other peculiar constitution.	05.10.2021	Staphysagria 200, 1 dose is given followed by 15 doses of placebo	3
Discoloration of the melasma seems slightly reduced. Mental depressions observed to be reduced with still persisting hard stool complain and anger with indignation but not up to the point of mortification.	25.10.2021	Placebo 200 For 30 days	2
Size and pigmentation of the discoloration further reduced. And She is now easily managing her emotions in those environments. Patient now having soft stools and good bowel movement. Other generalities improve.	02.12.2021	Placebo 200 For 30 days	2
Discoloration of the cheeks looks reduced further. He has a good appetite and good bowel movement and good sleep	11.01.2022	Placebo 200 For 30 days	1
Marked reduction of the skin pigmentation seen. All generalities are good.	14.07.2022	Placebo 200 For 30 days	0
Almost extinction of the discoloration. Generalities are better. Patient comes with beautiful smile. Can manage herself easily in almost any difficult situations in her life circumstances.	12.10.2022	Placebo 200 For 30 days	0
Remains of it Seems almost imperceptible through naked eye. Generalities are good.	05.01.2023	Placebo 200 For 30 days	0

MSRS- Melasma severity rating scale

Figure: 2



Table 2: Modified Naranjo criteria for homeopathy

Domains	Modified Naranjo criteria for homeopathy ¹¹	Answered question	Score
1.	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	Yes	+2
2.	Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	Yes	+1
3.	Was there a homeopathic aggravation of symptoms?	No	0
4.	Did the effect encompass more than the main symptom or condition, (i.e., were other symptoms, not related to the main presenting complaint, improved or changed)?	Yes	+1
5.	Did overall wellbeing improve? (suggest using a validated scale or mention about changes in	Yes	+1

physical, emotional, and behavioural elements)			
6.	(A) Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	Not sure or N/A	+1
	(B) Direction of cure: did at least one of the following aspects apply to the order of improvement of symptoms: From organs of more importance to those of less importance? From deeper to more superficial aspects of the individual? From the top downwards?	Not sure or N/A	0
7.	Did "old symptoms" (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	No	0
8.	Are there alternate causes (other than the medicine) that – with a high probability- could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	No	+1
9.	Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	Yes	+2
10.	Did repeat dosing, if conducted, create similar clinical improvement?	Not sure or N/A	0
Total score +9			

Discussion

This is a case of a 48 years old female patient with gradual worsening of facial melasma in an irregular shaped symmetrical distribution of hyperpigmentation of both cheeks. In this case the other associating symptoms like desires for milk, salt and ailments from indignation, mortification, abused feeling and suppressed emotions, comes out as weeping while telling her symptoms. Of this case report highlights the successful management of melasma with homeopathy, which offers a holistic approach addressing both the physical and emotional aspects of the patient considering stress over the ailment from emotional sphere. While this case demonstrates promising results, further studies and larger clinical trials are necessary to establish the efficacy and safety of homeopathic treatments for melasma and showcase of importance of psycho-somatic stress, and causation in prescription.

Conclusion

Homeopathy can be considered a viable and holistic alternative in the treatment of melasma, addressing not only the physical symptoms but also the underlying emotional and mental factors contributing to the condition. This case report underscores the potential benefits of individualized homeopathic treatment in improving the quality of life for patients with melasma. However, more research is needed to validate these findings and establish the broader effectiveness of homeopathic remedies in the management of pigmentation disorders.

Informed consent

Written consent was taken from patient.

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Nil.

Conflict of interest

None.

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