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Clinical Improvement of Melasma In A Female Patient

Abstract-Background-Melasma is a common acquired disorder of facial hyperpigmentation, predominantly affecting women. It is characterized by symmetrical brown to grey-brown macules and patches, usually involving the forehead, malar regions and chin. The chronic and recurrent nature of melasma makes objective assessment of clinical change important. The modified Melasma Area and Severity Index (mMASI) provides a standardized method of assessing disease severity.

Case Presentation-A simulated case of a 32-year-old female presenting with bilateral facial pigmentation of approximately four years' duration is described. The pigmentation was predominantly over the bilateral malar regions and forehead and had

progressively increased following pregnancy and repeated sun exposure. The patient reported marked emotional sensitivity, irritability, fatigue, aversion to consolation, and a characteristic feeling of being overwhelmed by domestic responsibilities. The totality of symptoms was repertorized and Sepia officinalis emerged as the leading remedy. The prescription was subsequently differentiated from other closely related remedies on the basis of the complete symptom picture.

Keywords-Melasma; Sepia officinalis; Homoeopathy; mMASI; facial hyperpigmentation; case report; repertorization; Organon of Medicine.

Introduction-Melasma is an acquired disorder of hyperpigmentation that commonly

affects the face and predominantly occurs in women. Clinically, it presents as symmetrical hyperpigmented macules and patches, particularly involving the malar regions, forehead and chin.

Multiple factors have been implicated in its development and persistence, including ultraviolet radiation, visible light, hormonal influences, genetic predisposition, pregnancy and other environmental factors.

The chronicity and tendency to recurrence make melasma an important condition for long-term clinical observation.

For research purposes, objective assessment of the severity of pigmentation is important. The modified Melasma Area and Severity Index (mMASI) provides a numerical measure incorporating the area and darkness of pigmentation over the forehead, right malar region, left malar region and chin.

Homoeopathic case management is based upon individualization of the patient rather than diagnosis alone. The complete symptom picture, including characteristic mental, general and particular symptoms, is considered in selecting the individual remedy.



Case Report-Patient: Female,

- Age: 32 years
- Occupation: Homemaker
- Marital status: Married
- Duration of complaint: Approximately 4 years
- Chief complaint: Facial pigmentation
- Chief Complaint-**
- The patient presented with:
- Dark patches on both cheeks and forehead.

The pigmentation was gradual in onset and progressively increased over approximately four years.

History of Present Complaint-

The patient noticed mild pigmentation over the cheeks approximately four years previously.

Initially, the pigmentation was faint and intermittent. It gradually became more prominent and

persistent.

The patient reported that the pigmentation became more noticeable:

- after prolonged exposure to sunlight;
- during periods of emotional stress;
- following pregnancy;
- during periods of inadequate sleep.

The pigmentation was not associated with:

itching, pain, burning, scaling, discharge.

The patient had previously used several cosmetic preparations and over-the-counter pigmentation creams, with temporary or minimal improvement.

Past History-No significant history of chronic systemic disease was reported in the simulated case.

Obstetric and Gynaecological

For this simulated patient:

Region	Area score	Darkness score	Weight	Contribution
Forehead	3	3	0.3	1.8
Right malar	4	3	0.3	3.6
Left malar	4	3	0.3	3.6
Chin	1	2	0.1	0.2
Baseline mMASI = 9.2				

History-

- Menarche: 13 years
- Cycles: approximately 28–30 days
- Duration: 4–5 days
- Flow: moderate

•The patient reported that pigmentation had become more noticeable after pregnancy.

•Obstetric history: G₂ P₂ L₂

Family History-No definite family history of clinically significant melasma was reported.

Personal History-•Appetite: Moderate

- Thirst :Moderate; preference for frequent small quantities of water.
- Sleep :Sleep disturbed intermittently because of household responsibilities and mental preoccupation.,
- Bowel :Regular
- Urine :Normal,
- Perspiration :Moderate.

•Thermal state :The patient preferred cooler surroundings and felt uncomfortable in excessive heat.

Mental And Emotional Symptoms-

- The patient reported becoming easily irritated, particularly when household responsibilities accumulated.
- She stated that when emotionally

upset, she preferred to be left alone rather than comforted.

•She described a persistent feeling of being “burdened by responsibilities.”

•Minor domestic conflicts were perceived intensely.

•During periods of emotional upset, she preferred to withdraw.

•She reported feeling dissatisfied despite objectively satisfactory circumstances.

General Physical Examination-

•Pulse :78/min, •Blood pressure:116/74 mmHg

•Respiratory rate: 16/min

•Temperature: Afebrile

•No clinically significant abnormality was noted on general examination in this simulated case.

Dermatological Examination

•The pigmentation was: symmetrical;

•brownish;

•macular;

•predominantly facial;without inflammation.

Distribution-•Bilateral malar regions: prominent,

•Forehead: moderate

•Chin: minimal

Baseline Mmasi Assessment-

The mMASI evaluates four facial areas:

•Forehead 0.3, •Right malar 0.3

•Left malar 0.3, •Chin 0.1

Analysis of The Case-•Facial pigmentation.

•Female patient with hormonal/obstetric association.

•Marked irritability.

•Feeling overburdened by

responsibilities.

•Desire for solitude when emotionally distressed.

•Aversion to consolation.

•Emotional sensitivity.

•Dissatisfaction despite apparently satisfactory circumstances.

•Preference for cooler surroundings.

Totality of Symptoms-•Irritability.

•Aversion to consolation.

•Desire for solitude.

•Feeling overburdened.

•Emotional sensitivity.

•Dissatisfaction.

•Intolerance of excessive heat.

•Fatigue associated with prolonged responsibilities.

•Symmetrical facial pigmentation.

•Predominantly malar involvement

•Forehead involvement.

•Pigmentation aggravated by sunlight.

Repertorial Approach-•Mind – irritability

•Mind – consolation – aggravated

•Mind – solitude – desire for

•Mind – cares/worries – household

•Mind – dissatisfaction

•Generalities – heat – aggravates

•Face – discoloration – brown

•Face-discoloration – symmetrical

•Face- discoloration – malar region

Repertorial Result-

•Sepia officinalis

•Natrummuriaticum

•Lachesismutus

•Pulsatillanigricans

•Lycopodiumclavatum

Materia Medica Differentiation

Sepia officinalis

The following features supported

Sepia in this simulated case:

•female hormonal context;

•irritability; •feeling burdened;

•emotional withdrawal;

•aversion to consolation;

•dissatisfaction;

•desire for solitude;

•characteristic female constitutional picture.

Natrummuriaticum–Totality was considered less characteristic of, because the prominent irritability, burdened feeling and aversion to consolation were considered more consistent with the selected remedy.

Pulsatilla–The patient's desire for solitude and aversion to consolation were considered less characteristic.

Lachesis–Totality did not sufficiently correspond with the characteristic Lachesis picture.

Prescription-

•Medicine: Sepia officinalis

•Potency: 1M,

•Administration: Single dose

•Follow-up: Patient reviewed at predefined intervals.

•Important: This potency and dosing schedule are illustrative for this simulated case. They should be replaced by the actual prescription in a real case report.

Follow-Up–The patient reported:

•General emotional state slightly improved;

•Irritability reduced;

•Sleep somewhat improved;

•No new pigmentation;

•No adverse effects attributed to the prescribed medicine.

•Skin assessment :mMASI: 8.9

•The patient was advised to continue the planned follow-up and maintain consistent sun protection.

•No change in remedy was made.

Follow-Up Summary-

Follow-upmMASI

•Baseline 9.2, •2 weeks 8.9 3.3%

•4 weeks 8.1 12.0%,

•8 weeks 6.8 26.1%

•12 weeks 4.9 46.7%,

•16 weeks 3.2 65.2%

Conclusion–This simulated case report demonstrates a structured approach to documenting a female patient with melasmatreated with Sepia officinalis. The case incorporates individualized case-taking, totality of symptoms, repertorial analysis, materiamedica differentiation, Organon-based reasoning and serial mMASI assessment.

A progressive reduction in mMASI was demonstrated in the simulated follow-up, from 9.2 at baseline to 3.2 at 16 weeks, showcasing the remedial means of sepia officinalis

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