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## REVIEW ARTICLE

### A DETAILED STUDY OF MELASMA & ITS HOMEOPATHIC MANAGEMENT

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#### Abstract

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**Key Word-** Melasma,  
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Melasma is an acquired, chronic, recurrent hyperpigmentary disorder. It is an acquired symmetric hypermelanosis, with light brown to gray brown macules or patches on sun exposed areas of the skin. The most common sites involved are centrofacial pattern affecting the cheeks, forehead, upper lip, nose, and chin. The patches gradually fade over many months. In some people, the discoloration never entirely disappears. When Melasma is concerned there are many effective medicines are available in Homoeopathy, but the selection depends upon the individuality of the patient, considering the mental and physical symptoms. It means that homeopathic treatment focuses on the patient as a person, as well as his pathological condition. The homeopathic medicines are selected after a full individualizing examination which includes the medical history of the patient, physical and mental constitution etc. A miasmatic tendency (predisposition/suceptability) is also often taken into account for the treatment of chronic conditions.

#### INTRODUCTION

The word “melasma” is derived from the Greek “melas”, which means

black color. Melasma is an acquired, chronic, recurrent hyperpigmentary disorder. The condition is also known as

“chloasma”, another Greek term which means green in color, or mask of pregnancy. Although it can affect anyone, but melasma is particularly common in women, especially pregnant women and those who are taking oral or patch contraceptives or hormone replacement therapy (HRT) medications. Melasma is clinically characterized by symmetric light-brown to bluish-gray macules and patches, with irregular, sharp borders. The pigmentation may be guttate, linear.

### Causes

It isn't totally clear what causes melasma. but some trigger in the pathogenesis of melasma include:-

- Genetic influences,
- Exposure to Sunlight(UV radiation)
- Pregnancy,
- Hormonal therapies, Cosmetics,
- Phototoxic drugs,
- Antiepileptic medications.



Fig 1 Melasma

### EPIDEMIOLOGY

**US frequency** -Melasma is very common, affecting over 5 million people in the SW United States. Prevalence rates range

from 8.8% among females of Latino descent living in the southern United States to up to 40% in some females of southeast Asian populations.

**Race** - Persons of any race can be affected by melasma. but more common in constitutionally darker skin types than in lighter skin types, and it may be more common in light brown skin types, especially Latinos and Asians, from areas of the world with intense sun exposure.

**Sex** -Melasma is much more common in women than in men. Women are affected in 90% of cases. When men are affected, the clinical and histologic picture is identical.

**Age** -Melasma is rare before puberty and most commonly occurs in women during their reproductive years. Melasma is present in 15-50% of pregnant patients.

### PATHOPHYSIOLOGY

The cause of melasma is complex. The pigmentation is due to over production of melanin by the pigment cells, melanocytes, which is taken up by the keratinocytes(epidermal melanosis) and/or deposited in the dermis (dermal melanosis, melanophages). There is a genetic predisposition to melasma, with at least one-third of patients reporting other family members to be affected. In most people melasma is a chronic disorder.

- Number of melanocytes in the lesions may be normal or increased.
- Melanosomes both within melanocytes and keratinocytes are increased in size.
- Increased expression of Alpha-MSH in keratinocytes and over expression of stem cell factor in fibroblasts and its receptor C-kit in melanocytes of involved skin.

### CLASSIFICATION

Regarding the pathological view three types of melasma have been introduced:

Epidermal (skin surface), Dermal (deeper) and Mixed type

**Epidermal Melasma** - Well-defined border Dark brown colour Appears more obvious under black light Responds well to treatment.

**Dermal Melasma** - Ill-defined border Light brown or bluish in colour Unchanged under black light Responds poorly to treatment

**Mixed Melasma** - The most common type Combination of bluish, light and dark brown patches Mixed pattern seen under black light Partial improvement with Treatment.

Sometimes on the basis of pigmentation its separated in 3 stages:-

- **Mild** -The early phase in which pigmentation is located in outer layer of skin easily treated.

- **Moderate** -The persistent pigmentation, going into the inner layers. Needs to be Treated by topical treatment.

- **Severe** -This is difficult phase as the pigment has reached inner layers.

### CLINICAL FEATURES

Melasma presents as macules (freckle-like spots) and larger flat brown patches. These are found on both sides of the face and have an irregular border.

There are several distinct patterns.

**Centrofacial pattern:** forehead, cheeks, nose and upper lips

**Malar pattern:** cheeks and nose

**Lateral cheek pattern**

**Mandibular pattern** - Jawline Reddened or inflamed forms of melasma (also called erythrosis pigmentosa faciei) Poikiloderma of Civatte: reddened, photoaging changes seen on the sides of the neck, mostly affecting patients older than 50 years. Brachial type of melasma affecting shoulders and upper arms (also called acquired brachial cutaneous dyschromatosis).

### DIAGNOSIS

A visual examination of the affected area is often enough to diagnose melasma. To rule out specific causes, your healthcare professional might also perform some tests.

### Testing technique

Wood's lamp examination. This is a special kind of light that's held up to your skin. It allows your healthcare professional to check for bacterial and fungal infections and determine how many layers of skin the melasma affects. To check for any serious skin conditions, they might also perform a biopsy. This involves removing a small piece of the affected skin for testing.

### Differential Diagnosis

- Solar lentigo
- Toxic melanoderma,
- Riehl's melanosis,
- Post-inflammatory hyperpigmentation,
- Friction melanosis, Ochronosis (endogenous and exogenous), Cutaneous erythematous lupus.

### Conventional Treatment

Creams containing tretinoin, kojic acid, and azelaic acid have been shown to improve the appearance of melasma. Occasionally, doctor may recommend chemical peels or topical steroid creams. In severe cases, laser treatments can be used to remove the dark pigment.

### HOMEOPATHY TREATMENT

Homeopathy treats the person as a whole. It means that homeopathic treatment focuses on the patient as a person, as well as his pathological condition. The homeopathic medicines are

selected after full individualizing examination and case-analysis, which includes the medical history of the patient, physical and mental constitution etc. A miasmatic tendency (predisposition/suceptability) is also often taken into account for the treatment of chronic conditions. The medicines given below indicate the therapeutic affinity but this is not a complete and definite guide to the treatment of this condition.

### Reportorial Rubrics:

- [Boericke] skin, chloasma, liver spots, moth patches
- [Boenninghausen's] Skin, Spots, Liver (brown, liver-colored, chloasma)
- [Kent] skin, discoloration, brown, liver spot
- [Kent] skin, discoloration, brown, chloasma
- [Murphy] skin, chloasma

### HOMEOPATHIC THERAPEUTICS

- **Sepia Offincinalis** - Chloasma; yellow spots [moth spots] the on the face, and a yellow saddle across the upper part of cheeks and nose. Suited to patient with having dark hair, rigid fibre. Ailments during pregnancy.
- **Lycopodium Clavatum** - Grayish-yellow discoloration of the face, with blue circles around the eyes. Brown spot on face and nose. Carbo

- nitrogenoid constitution. Craves everything warm.
- **Sulphur** - Skin affection after local medication. Old looking. Spotted face. Skin dry, rough, wrinkled, scaly; Itching, violently at night. Scrofulous diathesis. Liver spots. Unbreakable itching, especially from warmth. Dirty, filthy people, prone to skin affection.
  - **Thuja Occidentalis** - Dry skin with brown spot. Hydrogenoid constitution. skin looks dirty. Face, pale, waxy, shiny; dark under eyes; spiderlets on.
  - **Argentum Nitricum** - Face looks sunken, old, pale and bluish. Brown liver spot; irregular blotches. Skin is brown, tense and hard. A prematurely aged look. Irregular blotches
  - **Cadmium Sulphuratum** - Chloasma, yellowish stains on nose and cheeks; worse from exposure to sun and wind.
  - **Copaiva Officinalis** - Brown spot; circumscribed, lenticular patches with itching. Mottled appearance.
  - **Guarana** - Chloasma on temples and arms. intellectual excitement; uncontrollable sleepiness.
  - **Caulophyllum Thalictroides** - Discoloration of skin in women with menstrual and uterine disorders.

- **Plumbum metallicum** - Yellow, corpse like dark brown liver spots; cheeks sunken. Skin of face is greasy, shiny. Face pale cachetic.
- **Curare** - Red face. Dirty looking skin. Melasma.

## MANAGEMENT

Prevention of Chloasma/ Melasma.

1. Avoiding the sun and using sunscreen are key to preventing elasma.
2. Avoid irritating the facial skin- No strong soaps or abrasive cleaners – use only a mild soap or cleanser for washing.
3. Increase intake of foods high in folic acid, dark green leafy vegetables, wheat germ, asparagus, broccoli, potatoes, whole grains, fruits and vegetables. Avoid Stress and Contraceptive pills.

## CONCLUSION

Melasma is a very common hyperpigmentary skin disorder. Though it can affect anyone, young women with brownish skin tones are at greatest risk. Homoeopathy treats the person as a whole. The medicines listed above indicate the greater therapeutic affinity for the effective treatment of Melasma but this is not a complete and definite guide to the treatment of this condition because the selection of medicine depends upon the individuality of the patient, considering the mental and physical symptoms. It means

that homeopathic treatment focuses on the patient as a person, as well as his pathological condition, so Homoeopathy is a very safe and effective science for treating all type of hyperpigmentary skin disorder.

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