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ORIGINAL ARTICLE

Circum or Periorbital pigmentation and Melasma treatment is KJ SUMUK

K. Jagadeesan[1], P. Suganthan[2], Kesav Jagadeesan[3], Mohandas[4], Arun Inbaraj[5], Monosha Priyadarshini[6], Kurian Carol[7]

Abstract

Circum/Periorbital hyperpigmentation is defined as bilateral, homogeneous hyperchromic macules and patches primarily involving the lower eyelids but also sometimes extending towards the upper eyelids, eyebrows, malar regions, temporal regions and lateral nasal root[1]. An asymptomatic discrete and or confluent often bilaterally symmetrical hyper pigmented macules on the malar areas of the face in healthy, middle aged woman is called Melasma. The major factor in the development of Melasma may be genetic predisposition, and also caused due to radiation and hormones. This Melasma can last for years without any treatment, so we have evolved KJ SUMUK, a herbal preparation as a cure. This herbal cream consisting of 4 herbs and Bees wax in petroleum jelly. Our aim is to provide a safe and effective remedy for Melasma and Circum orbital pigmentation.

Keywords:

[1]K.J. Research Foundation, & K. J. Hospital Research and Postgraduate Centre, Chennai, Tamil Nadu, India

[2]Department of Dermatology, Calicut Medical College, Calicut, Kerala, India.

[3,4] Department of Surgery, K. J. Hospital Research and Post Graduate Centre, Chennai, TamilNadu, India

[5,7] K. J. Research Foundation, Chennai, TamilNadu, India

[6] School of Advanced Sciences, Vellore Institute of Technology, Vellore, TamilNadu, India

Correspondence Author

Prof. K. Jagadeesan, Chairman, K.J. Research Foundation, Managing Director, K. J. Hospital Research and Postgraduate Centre, Chennai, TamilNadu, India

e-mail: kjresearchfoundation@gmail.com

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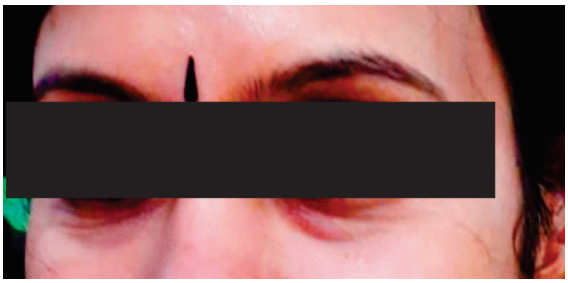
Introduction

Circum orbital pigmentation has a female to male ratio of 9:1, melasma has a female to male ratio of 4:1 [2]. This is more common in women than in men and is seen in fairer complexion as well as darker complexion. The causative factors of Circum Orbital Pigmentation include genetic or heredity, excessive pigmentation, post inflammatory hyperpigmentation secondary to atopic and allergic contact dermatitis, periorbital edema, excessive vascularity, shadowing due to skin laxity and tear trough associated with aging [3]. ***Melasma*** develops when there is an over-abundance of melanin in certain areas of the skin and the causes of the melasma are unclear, but the severity of ***melasma*** can be triggered by three main factors: hormonal fluctuations, sun exposure, and genetics [4].

There is scarcity of data regarding the incidence and prevalence of POH due to its transitory nature and lack of reasonable etiological explanation. In another study, it was found that POH was most prevalent in the age group of 16 to 25 years (i.e., 95 out of 200 patients [47.50%]). Among the 200 patients studied, it was more prevalent in women (162 [81%]) than men and the majority of the affected women were housewives (91 45.50%]) [1].

Treatments

Treatment of melasma involves the use of a range of topical depigmenting agents and physical therapies. Varying degrees of success have been achieved with these therapies. The Pigmentary Disorders Academy (PDA) undertook to evaluate the clinical efficacy of the different treatments of melasma in order to generate a consensus statement on its management. The consensus of the group was that first-line therapy for melasma should consist of effective topical therapies, mainly fixed triple combinations. Where patients have either sensitivity to the ingredients or a triple combination therapy is unavailable, other compounds with dual ingredients (hydroquinone plus glycolic acid) or single agents (4% hydroquinone, 0.1% retinoic acid, or 20% azelaic acid) may be considered as an alternative. In patients who failed to respond to therapy, options for second-line therapy include peels either alone or in combination with topical therapy. Some patients will require therapy to maintain remission status and a combination of topical therapies should be considered. Lasers should rarely be used in the treatment of melasma and, if applied, skin type should be taken into account [5].



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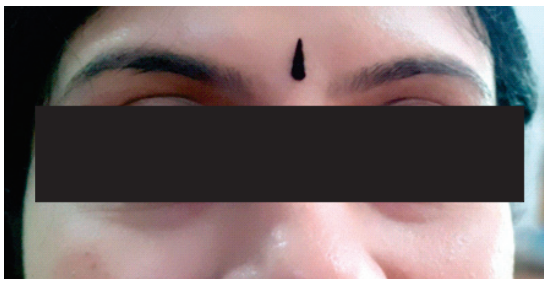

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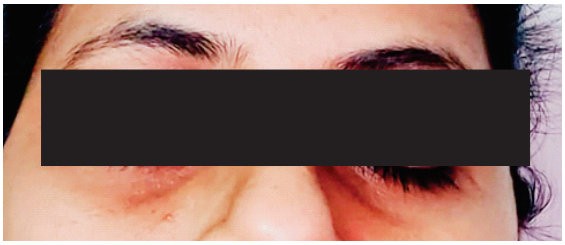

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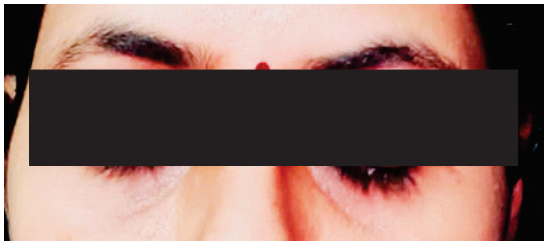

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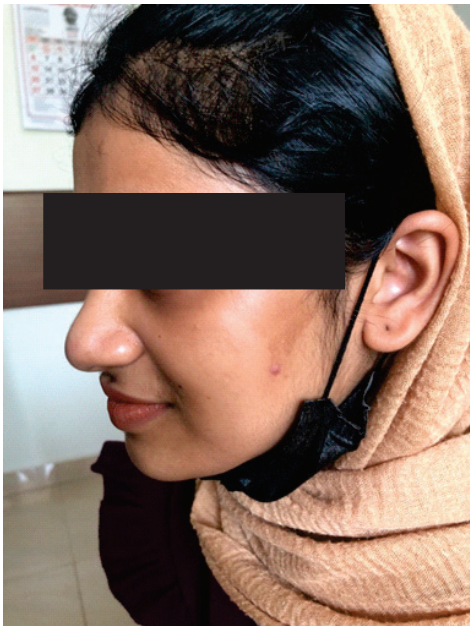

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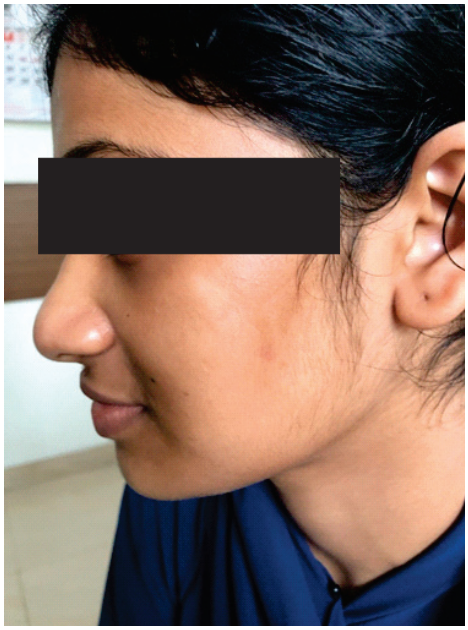

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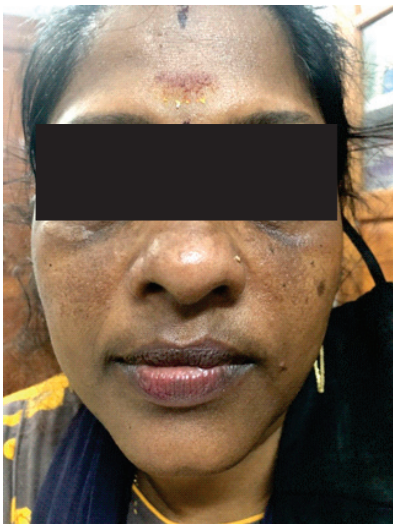

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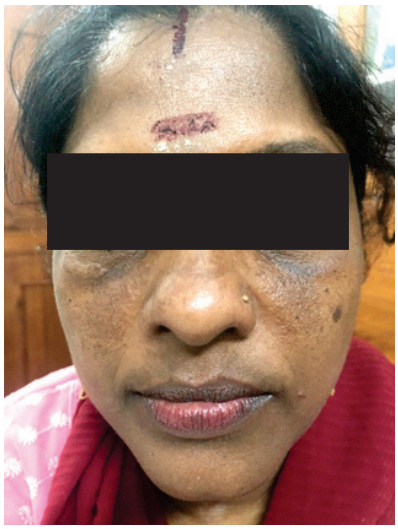

After

Discussion:

Application of KJ SUMUK is preferred usually at night after washing and mop drying the face, when face is completely dry, application of the cream is done gently using index finger over lesion in very thin layer, only one application in 24 hours for consecutive 10 day is more than sufficient to get noticeable result. Morning after wash, they can continue their regular cosmetic application. We observed KJ SUMUK is effective in treating hyper pigmented lesions but not melanotic lesions or pigmented moles.

We found, in an extreme case of striae gravidarum on a 25 year old female who lost thirty kilos in six months, we have applied KJ SUMUK on one half of the abdomen, to our surprise that half almost become normal within short duration of two and half months. So we went on to apply on the other side and waiting for the result.

Patients were chosen from the dermatology clinic and encouraged to participate in the trial of the new preparation Clinical photographs were taken with informed consent before and during after regular intervals.

Conclusion

We observed from our trials with individuals having different skin disorders we arrived to a point, where we observed no side effects in our trial for over 200 patients. So far none of them reported any skin irritation or allergic response to local application. We conclude SUMUK and can cure melasma, circum orbital pigmentation and stretch marks completely in few applications.

Conflict of Interest:	Author declare no COI
Ethics:	There is no ethical violation as it is based on voluntary anonymous interviews
Funding:	No external funding
Guarantor:	Prof. K. Jagadeesan, will act as guarantor of this article.

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