

Homoeopathic Management of Acne Vulgaris – A Case Report

Dr. Anisa. Khalid. Arkati

MD (HOM) (Associate Professor, Department of Organon of Medicine) A.M. Shaikh Homoeopathic Medical College &
PG Research Centre Belagavi-590010

ABSTRACT

Introduction: Acne vulgaris is a common cutaneous inflammatory disorder of the pilosebaceous unit, which runs a chronic course. The condition commonly manifests with papules, pustules, or nodules primarily on the face, although it can also affect the upper arms, trunk, and back. Although Acne vulgaris is commonly observed among adolescents, it is not restricted to this age group and can affect individuals of various ages.

Case Summary: This is a case of 25yrs old female having eruptions (pimples) on face treated with individualised homoeopathic medicine. When patient came for consultation, she presented with eruptions (pimples) on face since 5 years mainly on forehead and cheeks which were painful to touch resulted in noticeable blackish discoloration. She also had sleeplessness, decreased appetite and constipation. Systematic case taking followed by repertorisation of the totality of symptoms was done by Complete Repertory in order to choose the individualized remedy. The patient responded well to the individualized homoeopathic treatment, i.e. Arsenic album 200 in 3 doses with gradual and steady improvement.

Keywords: Acne Vulgaris, Homoeopathy, Arsenic Album

INTRODUCTION

Acne vulgaris is a common, chronic, inflammatory disorder of the pilosebaceous unit (comprising the hair follicle and sebaceous gland) caused primarily by increased sebum production, hyperkeratinization of the follicle, bacterial colonization and inflammation. The condition is characterized by chronic or recurrent development of comedones, erythematous papules and pustules most commonly on the face but may also involve the neck, trunk and proximal upper extremities.¹ It is projected to affect 9.4 % of the global population, ranking it eighth among diseases. It affects more than 85 % of teenagers, and the disease can persist into adulthood which often occurs in females and accounts for two-third of dermatologist consultations for acne. The unique lesions can be characterized as either non-inflammatory (open/black and closed/white comedones) or inflammatory (papules, pustules, nodules, and cysts), leading to scar development and pigmentation on the skin, necessitating prolonged and persistent therapy. The following are the relevant elements in the classical etiology of Acne vulgaris i.e. genetics, environmental variables like temperature, pollution, humidity, sun exposure, mineral oils/halogenated hydrocarbons, nutrition, hormonal state, stress, and smoking, comedogenic medicines such as androgens, halogens, corticosteroids, bacteria, and cosmetics may cause, worsen, or exacerbate acne. Acne Vulgaris (AV) typically causes discomfort, emotional suffering, deformity, and possibly permanent scars. In addition to this, patients may have feelings of anxiety and embarrassment, both of which contribute to a mentally depressed state.²

Acne presents as a variety of polymorphic lesions from grade 1 to grade 4, starting with comedones, as listed below:

GRADE1: Also known as "comedones," and is categorized into two types, open and closed. Open comedones form when the pilosebaceous orifice becomes plugged with sebum and appears as papules with a central, dilated follicular orifice containing gray, brown, or black keratotic material. On the other hand, closed comedones form when keratin and sebum block the pilosebaceous orifice beneath the skin surface. They appear as dome-shaped, smooth papules that can be skin-colored, whitish, or grayish in appearance.

GRADE 2: Inflammatory lesions present as a small papule with erythema.

GRADE 3: Pustules.

GRADE 4: Many pustules coalesce to form nodules and cysts called nodulocystic acne. Based on the natural history of the disease, its variants, and rare syndromes, comprehensive data on the patient's history should be collected, which include the following elements: age of onset and current age, medical history, medication history, family history of acne, menstrual history in females (associated with acne flares), signs of virilization in young children and females (hirsutism, male pattern hair loss, deepening of voice, or genital enlargement), systemic symptoms (including fever, myalgia, and arthralgia) especially in severe acne, skincare routine (use of comedogenic products), prior treatments and response, and psychological impact of the disease.

Skin examination should include an assessment of the lesion type and distribution. Lesions can be categorized as monomorphic, indicating drug-induced acne or pityrosporum folliculitis, or polymorphic, which coincides with the diagnosis of acne. It is also essential to look for signs of hyperandrogenism in females and young children (such as male pattern hair loss or hirsutism), postinflammatory hyperpigmentation, and scarring.

The management of acne vulgaris, regardless of its severity, should commence with comprehensive patient counseling, encompassing discussions about the nature of the disease, proper skincare practices, and realistic treatment expectations. During patient counseling, it is essential to address the following points:

The improvement of lesions may be delayed, and the primary objective of therapy is to resolve existing lesions and prevent the formation of new ones. At least 2-3 months of treatment compliance are needed to assess the efficacy of the treatment. The effective treatment response may involve a noticeable reduction of active lesions rather than complete clearance. This clarification helps to prevent patients from prematurely discontinuing their treatment process due to a perceived lack of efficacy.

Long-term maintenance therapy is often necessary because most acne therapies are considered suppressive and not curative. The regular use of a topical retinoid can best achieve this.

- Responses to a treatment may vary from patient to patient. Therefore, it may be necessary to make adjustments to the treatment regimen to optimize both the tolerability and efficacy adjustment of the treatment.
- It is essential to promote the use of gentle skin cleansers instead of harsh soaps or scrubs, as soaps tend to have a higher pH level than the skin. This higher pH can lead to skin irritation and dryness. Aggressive scrubbing and picking of the skin should be discouraged as it may promote the development of new acne lesions and scarring.
- Selecting non-comedogenic skin products, such as gels and fluids, is essential to avoid blocking the pores.
- Various studies have reported associations between increased milk consumption and high glycemic load diets with acne vulgaris.³

CASE INFORMATION:

A 25 years old female came to the OPD with the complaints of Pimples on the face more over forehead and cheeks since 5 years. Sleeplessness since 4 years more since 2-3 months.

HISTORY OF PRESENTING COMPLAINTS

After completing her studies she got a job having night shift. She was fine in the beginning but unable to adjust. She gradually started to develop 1 or two Pimples over the face but later they increased in number and spread over the forehead and cheeks since 5 years. They were painful to touch, better by warm application. She had the habit of touching them and later it left blackish discolouration. She was unable to concentrate on her work due to decreased sleep since 4 years more since 2-3 months. She slept only for 2hours in the night but morning unable to get sleep, slept only for 1-2 hours. Sleep was unrefreshing. She also suffered from decreased appetite and constipation. Had no urge to pass stool for 2-3 days. Took allopathic treatment for all the above complaints but was not relieved. So she switched to Homoeopathic treatment.

Past History:

H/O similar suffering in the past since 5years. Took allopathic treatment but did not get relief. H/O chicken pox in the past. Took allopathic treatment and recovered.

Family History:

Father suffering from HTN and DM since 2 years. Took allopathic treatment for the same.

Personal History:

Diet: Mixed Appetite: Decreased

Thirst: drinks only when thirsty Perspiration: Not specific Micturation: D/N 4-5times/1 time Bowels: hard, no urge for 2-3 days

Sleep: sleeplessness Dreams: Not specific Desires: Not specific Aversions: Not specific Cravings: Not specific Habits: Nil
Thermals: Chilly

LIFE SPACE INVESTIGATION

She belonged to a middle class family. Her father worked tirelessly towards his responsibilities, often shouldering the burden alone. She was the second child, with an elder sister who had always been protective of her. Her elder sister, who had always been her backbone, recently got married, leaving her to navigate life's ups and downs on her own. She had always been an intelligent student, scored good marks in PUC results. Despite her academic achievements, she struggled with irritability, often getting upset over small things. This would later reflect on her actions and realize her mistakes, but her lack of patience often got the better out of her. Her father had made up his mind to get free from responsibilities by marrying her but she was not ready for it. This made her more irritated. She wanted to do a job to support her family because she knew that his father will not share his hardships among them. Getting angry for silly matters made her symptoms to worsen.

Mental Generals:

1. Irritability: Gets upset over small things.
2. Lack of patience: Struggles with patience, often regretting actions later.
3. Anxiety about family responsibilities: Wants to support family financially.
4. Emotional aggravation: Symptoms worsen when angry.

Physical generals:

1. Appetite: Decreased.
2. Thirst: Drinks only when thirsty.
3. Bowels: Hard stools, no urge for 2-3 days (constipation).
4. Sleep: Sleeplessness, unrefreshing sleep.
5. Aversions: Not specific

Diagnosis:

Acne Vulgaris

Totality Of Sympt Ms:

1. Pimples on face (forehead, cheeks)
2. Painful to touch
3. < when angry, cold air. > warm application
4. Blackish discoloration after touching
5. Sleeplessness
7. Decreased appetite
8. Constipation (no urge for 2-3 days, hard stools)
9. Irritability (gets upset over small matters)
10. Anxiety about family responsibilities

Remedy Name	Lach	Phos	Alum	Ars	Sulph	Bry	Nat-m	Nux-v	Sep	Carb-v	Chin	Con	Rhus-1	Zinc
Totally	13	13	13	12	12	11	11	11	11	10	10	10	10	10
Symptom Covered	7	7	5	7	6	5	5	5	5	6	6	6	6	6
[C] [Face]Eruptions:Pimples:Forehead:	1	1	1	1	2	1	1	1	2	1	1	1		1
[C] [Face]Eruptions:Pimples:Painful:Touched, when:														
[C] [Face]Eruptions:Pimples:Cold air agg.:				2										
[C] [Face]Discoloration:Black:	2	1		1		1				1	3	1	1	
[C] [Sleep]Sleeplessness:Sleep, loss of:														
[C] [Stomach]Appetite:Diminished:	2	1	3	1	1		1	1	1	1	1	2	1	1
[C] [Rectum]Inactivity of rectum:	2	3	3		2	3	3	3	2	2	2	2	1	1
[C] [Stool]Hard:	3	3	3	2	3	3	3	3	3	2	1	2	1	3
[C] [Mind]Irritability:	2	3	3	3	3	3	3	3	3	3	2	2	3	3
[C] [Mind]Anxiety:Family, about his:	1	1		2	1								3	1

<
>

<
>

Symptoms
10
Remedies
531

REPERTORIAL ANALYSIS

Analysis Of The Case:

After analysis and evaluation of the case the characteristic symptoms were used to form the totality- Irritability at small matters and anxiety about family responsibilities was the important mental generals in the case. Sleeplessness, Decreased appetite were the characteristic physical generals. Pimples on face mainly forehead and cheeks, painful to touch, < when angry, cold air.> warm applications were the particulars in this case. The selection of the remedy was based on repertorisation from Complete Repertory with repertorial result showing top five remedies as *Lachesis*. (13/7), *Phosphorous* (13/7), *Alumina* (13/5), *Arsenic* (12/7), *Sulphur* (12/6).

Prescription:

Arsenic Album 200/BD/5 Days

Basics Of Prescription:

After analyzing the repertorial results and referring William Boericke's Pocket Manual of Homoeopathic Materia Medica and Repertory *Arsenic Album* 200/BD/5 Days was prescribed

.As it covered the important symptoms in the case and scored second highest after repertorization, *Arsenic Album* 200 was given for 5 days twice daily after which patient showed improvement in her complaints followed by placebo for 1 month.

Before Treatment



Figure 1



Figure 2

After Treatment



Figure 1



Figure 2

FOLLOW UP:

DATE	SYMPTOMS	PRESCRIPTION
20-08-2024	Patient Ist visit	<i>Arsenic Alb 200/BD/ 5 days</i> (The dose of medicine of the first prescription that acts without producing new troublesome symptoms is to be continued while gradually ascending, so long as the patient with general improvement, begins to feel in mild degree the return to one or several old original complaints.) (Aph. 248,280) ⁴

04-9-2024	Size and number of the pimples reduced. Blackish discolouration on face started to fade. Scar marks healed. No pain on touch+. on face .Stools regular and soft. Appetite and sleep improved	Placebo .Dietary advice given.
05-10-2024	Small few pimples present here and there. No blackish discolouration present. Scar marks disappeared.	Arsenic Alb 200/BD/ 5 days (According to kent's 11th observation reappearance of older symptoms and the improvement is standstill then the repetition of the remedy should be prescribed)5

DISCUSSION AND CONCLUSION

Homoeopathic medicines selected on the basis of principles of homoeopathy proved to be very effective in this case of Acne vulgaris and showed good results of improvement. *Arsenic Album* was selected on the basis of characteristic mental, physical generals and particulars of this case. Treatment was continued for 2 months. There was marked improvement after the first prescription continued with placebo for 15 days, next dose of *Arsenic album 200* was given after 1 month when the improvement became standstill.

The potency was selected on the basis of susceptibility of the patient as stated by Dr Close **6**

1. The greater the characteristic symptoms of the drug in the case, the greater the susceptibility to the remedy and the higher the potency required.
2. Age: medium and higher potencies for children
3. Higher potencies for sensitive, intelligent person.
4. Higher potencies for persons of intellectual or sedentary occupation and those exposed to excitement or to the continual influence of drugs.
5. In terminal conditions, even the crude drugs may be required. He also writes, "Different potencies act differently in different cases under different conditions. All may be needed. No one potency, high or low, will meet the requirement of all cases at all times.

As the patient was young the susceptibility was high but the disease was in organic stage and according to duration of disease 200 potency was selected for prescription.

Conflict Of Interest:

Not available

Financial Support:

Not available

REFERENCES

- [1] Leung, A. K., Barankin, B., Lam, J. M., Leong, K. F., & Hon, K. L. (2021). Dermatology: how to manage acne vulgaris. *Drugs in Context*, 10, 1–18. <https://doi.org/10.7573/dic.2021-8-6>
- [2] Vasam, M., Korutla, S., & Bohara, R. A. (2023). Acne vulgaris: A review of the pathophysiology, treatment, and recent nanotechnology based advances. *Biochemistry and Biophysics Reports*, 36, 101578. <https://doi.org/10.1016/j.bbrep.2023.101578>
- [3] Sutaria, A. H., Masood, S., Saleh, H. M., & Schlessinger, J. (2025). Acne vulgaris. In *StatPearls*. StatPearls Publishing.
- [4] Hahnemann Samuel Organon of Medicine 6th edition New Delhi B Jain Publishers Pvt. Ltd. Reprint 1991. Pg No: 273,302
- [5] Kent J T lectures on Homoeopathic Philosophy, New Delhi B Jain Publishers Pvt. Ltd. Reprint 1989. Pg No: 264