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Dr. Dhanush S
Intern, BVVS Homoeopathic
Medical College and Hospital,
Bagalkot, Karnataka, India

Dr. Pavankumar Tawani
MD (HOM), Assistant
Professor, Department of
Materia Medica, BVVS
Homoeopathic Medical College
and Hospital, Bagalkot,
Karnataka, India

Dr. Arun V Hooli
MD (HOM), Professor and
HOD, Department of Human
Anatomy, BVVS
Homoeopathic Medical College
and Hospital, Bagalkot,
Karnataka, India

Dr. Vijayalaxmi Pujar
HOD, Department of
Pathology and Microbiology,
BVVS Homoeopathic Medical
College and Hospital,
Karnataka, India

Homoeopathic treatment of acne rosacea: A case study

Dhanush S, Pavankumar Tawani, Arun V Hooli and Vijayalaxmi Pujar

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Abstract

This clinical case report delineates the homeopathic management of a 55-year-old female patient suffering from chronic erythematous facial eruptions, persisting relentlessly for the past five years and accompanied by considerable discomfort. A comprehensive anamnesis was meticulously recorded during the initial consultation, and a systematic repertorization of the presenting symptomatology was conducted utilizing the *Synthesis Repertory* through *RADAR* software. There pretorial analysis and holistic evaluation of the patient's constitution and modalities culminated in the prescription of *Lycopodium clavatum* as the most suitable individualized remedy. Administered in the 200C potency over three doses, the patient exhibited a marked and progressive amelioration of the dermatological symptoms. The therapeutic response underscores the efficacy of individualized homeopathic intervention in chronic inflammatory dermatoses.

Keywords: Chronic inflammatory dermatosis, acne rosacea, erythematous eruptions, *Lycopodium clavatum*, constitutional remedy, classical homeopathy

Introduction

Rosacea is a chronic inflammatory dermatosis, typified by persistent erythema predominantly affecting the convex facial zones—particularly the cheeks and nose, with occasional extension to the forehead and chin. The periocular region typically remains uninvolved.

Primarily observed in fair-skinned women aged 30-50, severe phymatous variants—marked by glandular hypertrophy—occur almost exclusively in men. Hallmark features include telangiectasia, episodic flushing, erythematous papules, and pustules, forming distinct clinical subsets with differing therapeutic implications.

The erythrotelangiectatic variant presents with prolonged flushing (>10 minutes), often triggered by emotional stress, thermal stimuli, or dietary irritants. Accompanying symptoms include burning, stinging, and fine scaling of hypersensitive central facial skin, often progressing to telangiectasia and purplish discoloration.

The papulopustular type is characterized by a vivid central facial erythema, with inflammatory papules often crowned by pinpoint pustules. Flushing may be present, though irritative sensations are typically minimal. Facial edema may dominate—especially in the **Morbihan variant**—affecting the forehead, eyelids, and cheeks.

In the glandular form, commonly seen in men with seborrheic skin, the lesions are more edematous and nodulocystic, often accompanied by residual acneiform scarring. The chin is frequently involved in females^[1].

Etiology: The cause of rosacea remains unknown. Most patients have an abnormal vasomotor response. Several contributing factors have been identified

Short Vocabulary-Based Format

1. Genetic Predisposition

- Positive family history indicates inherited tendency.
- Linked with specific HLA types^[2].

2. Vascular Dysregulation

- Flushing due to abnormal vasodilation.
- Cutaneous vessel dysfunction from neurovascular imbalance^[3].

Corresponding Author:
Dr. Dhanush S
Intern, BVVS Homoeopathic
Medical College and Hospital,
Bagalkot, Karnataka, India

3. Environmental Triggers

- UV rays, extreme temperatures.
- Spicy food, alcohol, caffeine.
- Emotional stress^[4].

4. Hormonal Influence

- Common in age 30-50, worsens near menopause^[5].

5. Drug-Induced Rosacea

- Triggered by topical steroids.
- Vasodilators provoke flushing.^[6]

ICD CODE:ED90.0Z^[7]

Case summary

Personal data

- Name of patient: Mrs.N
- Age: 55Yrs
- Sex: - Female
- Marital status: married
- Date- 28/03/2024

Presenting Complaints

The patient reported erythematous eruptions on entire face, for the past five years. The eruptions are painful to the touch and itching.

- more on exposure to sun
- Associated symptoms include tooth ache.

History of Presenting Complaints

Patient was apparently well 5yrs back then gradually, she developed Erythematous eruption on face. After taking allopathic treatment complaints got worsened, on using steroids temporary relief; after discontinuing steroids; Eruption started with itching and become painful on touch. Modalities: Agg on exposure to sun, touch. She was also

having complaint of tooth ache, burning before and after micturition, & generalized weakness.

Past History: ovarian cyst in 2014.

Family History: Father: died due to MI 1yr ago

Mother: History of Hypertension (HTN).

Personal History

- **Diet:** Mixed
- **Appetite:** Adequate.
- **Thirst:** Prefers normal water.
- **Desire:** sweets.
- **Bowel Movements:** Hard stools, offensive.
- **Urinary:** Experiencing burning sensation during urination.
- **Perspiration:** Profuse sweating, particularly on the neck.
- **Sleep:** 6-7 hours per day.
- **Addictions:** None significant.
- **Allergies:** Dust.
- **Thermal Reaction:** Hot

Mental Generals

The patient exhibits a deep rooted inclination towards spirituality; her thoughts are frequently preoccupied with religious ideals, guilt over moral failings and prays excessively. She become easily agitated over minor matters. Often over works herself beyond limits, she finds her self worth tied to productivity. She prefers solitude and finds comfort in quiet environments. Trust is an issue for her, as she feels that only god is trustworthy, and she refrains from sharing personal matters with others. She feels unaccepted in social groups due to overanalyzes others behavior, fear intimacy to past betrayals. A persistent fear about where life is going, future responsibilities and fear manifesting during significant life changes.

Table 1: Analysis and evaluation of symptoms:

Physical General Intensity	Desire sweets++	Hard stools+	Urine Burning Before and after ++	Allergy from Dust+
Mental Genaral Intensity	Religious++	workaholic+	Social rejection+	Fear of destination+
Particulars Intensity	Erythematous+++	Painful Eruptions on Face++	Puffiness of face +	Itching+

Provisional Diagnosis: Acne Rosacea

Totality of Symptoms

1. Religious
2. workaholic.
3. Social rejection.
4. Fear of destination.
5. Erythematous eruption on face.
6. Painfull on touch.
7. Itching.
8. Urine burning, before and after.
9. Hard stools.
10. Desire sweets.

Rubrics Selected^[8]

1. MIND - Religious- affection:
2. MIND - fear:Destination, of being unable to reach his:
3. MIND - Industrious, mania for work:
4. MIND-Social:Inhibition, lack of:
5. FACE - ERUPTIONS:Acne:Rosacea:Group,in:
- 6.FACE - Eruptions:acne:itching:
7. URINE - Bruning,hot:urination, before and after:
8. STOOL- Hard

9. GENERALITIES-Food and drinks:sweets:Desire

Fig 1: Repertorial Analysis^[8]

Case Analysis

Upon thorough analysis and evaluation, the case was assessed based on its distinctive features. The key mental general identified was Religious and mania for work. Notable particulars included painful erythematous eruptions, itching. Significant physical generals were the patient's

strong desire for sweets, as well as burning before and after urination.

Selection and Prescription of Remedy:

The remedy was chosen through repertorization using Classic Homopath 8.1 software and the Synthesis Treasure Edition (2009) by Frederick Schroyens⁸. The Repertorial analysis highlighted the top five remedies as *Lycopodium* (12/5), *Sepia* (10/4), *Sulphur* (10/4), *Aresnic album* (8/4), and *calcareacarbonica* (8/4).

Prescription: LYCOPODIUM CLAVATUM 200/OD for 3 days

Basis of Prescription

The selection of LYCOPODIUM CLAVATUM 200 was guided by repertorial results and references to The Guiding Symptoms of Our Materia Medica and The Dictionary of Practical Materia Medica. The prescription was based on key symptoms such as religious, workaholic, a strong desire for sweets, burning before and after urination. Although *Sepia* also aligned with several symptoms, *Lycopodium clavatum* scored the highest and covered all case rubrics.

The patient was prescribed *Lycopodium clavatum* 200, once

daily for three days, followed by a placebo for one month. Notable improvement in symptoms was observed after the treatment.

Potency Considerations

Higher potencies such as 200 and beyond are reserved for infrequent doses.



Fig 2: Patient Before and after the treatment

Table 1: Date-wise description of follow-up

Date	Symptoms	Prescription
28/03/2024	Patient 1st visit	Lycopodium 200/4gblb/OD/ 3days Justification (Aph. 248, 280): Lycopodium clavatum 200 was administered (4 globules, once daily for 3 days) as the first prescription. As per Aphorism 248, when a remedy produces general improvement without new troublesome symptoms, the same medicine may be continued in gradually ascending doses or potencies. Aphorism 280 supports the repetition of the dose if the improvement continues and old symptoms reappear mildly, indicating a curative direction. Hence, the repetition of lycopodium was justified to maintain the curative momentum.
18/04/2024	Slight improvement in eruption on face. no burning micturition; tooth ache reduced	Placebo
04/05/2024	Small erythematous Eruption on face still present	Lycopodium /200/OD/3days <i>Echinacea Q</i> 15 drops in one cup of water /BD/7days
30/5/2024	Eruptions on face clear without scar marks	Placebo

Discussion and Conclusion:

Homoeopathic treatment, based on fundamental principles, proved significantly effective in this case of acne rosacea. *Lycopodium clavatum* was selected considering key physical symptoms like painful, itchy erythematous eruptions, along with the patient's distinct mental characteristics. Remedy selection was guided through repertorial findings, Materia Medica references, and classical homoeopathic philosophy. Marked improvement was observed within the first few weeks. A placebo was given for 15 days, followed by a repeat dose of *Lycopodium* 200 along with *Echinacea Q* after one month when progress had plateaued. Overall, notable clinical improvement was achieved within two months.

Potency Selection

The potency of the remedy was determined based on the patient's susceptibility, following guidelines from Dr. Close¹³:

- Remedies with more pronounced characteristic symptoms in the case require higher potency.

- Medium to high potencies is suitable for children.
- Higher potencies are indicated for sensitive, intelligent individuals.
- Persons with intellectual or sedentary lifestyles or those exposed to ongoing stress or medication often benefit from higher potencies.
- In terminal conditions, crude forms of remedies may be necessary.
- Dr. Close also emphasized that potency requirements vary by case, condition, and context, necessitating flexibility in potency selection.
- Given the patient's young age and high susceptibility, paired with the organic stage and prolonged duration of the disease, a lower potency (*lycopodium clavatum* 30) was selected. This approach ensured effective and steady progress while adhering to homoeopathic principles.

Conflict of Interest

Not available

Financial Support

Not available

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