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## Homoeopathic management of acne indurata with silicea-200 - A case report

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### Abstract

Acne indurata is a rare and severe form of acne which presents in form of nodulocystic lesions. It is a chronic skin condition which in most cases leads to scar formation. It is most commonly present on face and in adolescence. Homoeopathic treatment for skin aims for holistic approach treating the individual as a whole and not merely the skin lesions. This article explores the homoeopathic treatment in Acne indurata in a 22-year-old male patient.

**Keywords:** Acne indurata, homoeopathy, silicea, nodulo-cystic

### Introduction

Acne indurata is one of the most distressing form of acne. Characterised by deep hard and painful nodules that often extends into lower layers of skin, Unlike common acne which remain superficial. It mainly affects young individuals and commonly results in scarring if not treated properly. The condition may have a considerable emotional impact, especially in teenagers. Conventional treatment such as topical retinoids, antibiotics and hormonal therapy provides temporary relief but may not prevent recurrence or deep tissue changes. Homoeopathic medicine aims to treat the patient as a whole, not only the eruptions which includes the history of lesion the patient temperament and his mental attitude towards the illness. This case report presents the successful treatment of acne indurata in a 22 years old male patient with Silicea 200.

### Case profile

A 22-year-old presented with complaints of recurrent, painful nodulo-cystic lesions (~2.5 cm in diameter) on his left cheek for the last 6 months. The eruptions were deep indurated and local tenderness was present. The patient had tried various topical application and antibiotics earlier without relief. The persistent scars and inflammation affected his social interaction and self-confidence.

### H/O presenting complaints

The onset was gradual with presentation on left cheek. The eruptions were recurrent and painful especially after eating oily food. Local tenderness was present with dry stretched sensation over the affected skin.

### H/O family illness

**Father:** Diabetes mellitus (Since 5 years)

**Mother:** Hypothyroidism (Since 7 years)

### General symptoms

**Thermal:** Chilly

**Perspiration:** Profuse on forehead and face

**Desire:** Cold drinks

**Stool:** Constipation and hard stools occasionally

**Appetite:** D<sub>2-3</sub> 2-3 chapatti per meal

**Thirst:** 2L/day

**Urine:** D<sub>4-5</sub> N<sub>0</sub> clear, non-offensive

**Examination of the patient**

A well-defined nodulocystic lesion measuring approximately 2–3 cm in diameter. The lesion appeared reddish to pink, with shiny and stretched skin, suggesting underlying induration and pressure. The surface did not show active discharge at the time of examination; however two previous pustular points were identifiable by small yellowish dots in the centre of the lesion. The borders of the affected area were slightly elevated, consistent with nodulocystic acne. Mild tenderness was elicited on palpation according to patient report. Surrounding skin showed post-inflammatory pigmentation, with small, pitted scars consistent with previous acne lesions. The hair follicles in the beard area were intact and not involved.

**Mental generals**

The patient was emotionally sensitive and bashful due to his appearance. He avoided close social contacts. He remained reserved and shy during the case taking. He wore a mask during the visit to hide his face. His overall confidence was reduced in himself due to his condition because everyone asked to him what he has on his face.

**Case analysis-repertorial totality**

Repertory used	Rubrics used
Synthesis repertory	Mind: Confidence; want of self confidence Mind: Timidity; alone, when Generalities: cold, agg Face: Perspiration Stool: Constipation; hard Face: Eruptions; acne; scars with

<b>1 MIND - CONFIDENCE -</b>			
want of self-confidence			
<b>2 MIND - TIMIDITY - alone, when</b>			
FACE			
<b>3 FACE - ERUPTIONS - acne -</b>			
scars; with			
<b>4 FACE - PERSPIRATION</b>			
STOOL			
<b>5 STOOL - HARD</b>			
GENERALIS			
<b>6 GENERALIS - COLD - agg.</b>			
Remedies	ΣSym	ΣDeg	Symptoms
sil.	6	15	1, 2, 3, 4, 5, 6
bell.	5	9	1, 3, 4, 5, 6
merc.	5	9	1, 3, 4, 5, 6
carb-an.	5	7	1, 3, 4, 5, 6
thuj.	5	7	1, 3, 4, 5, 6

**Selection of remedy**

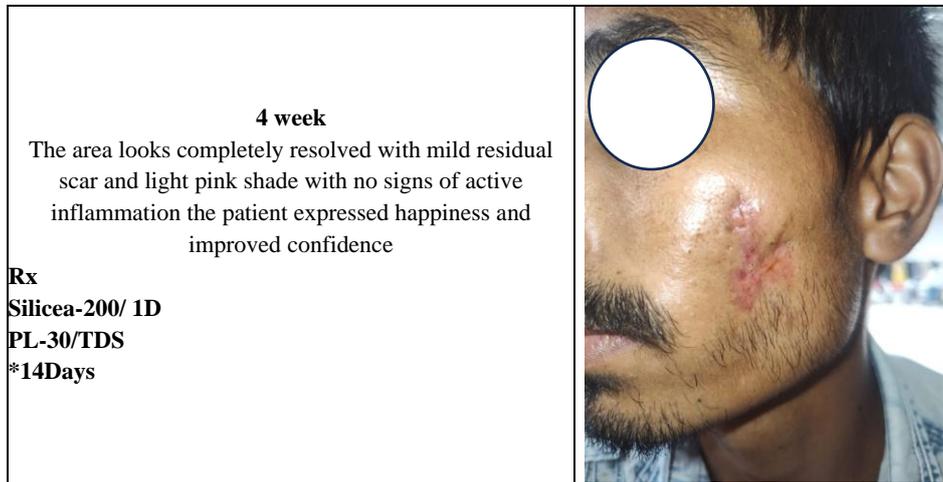
Rx

1. Silicea-200/ 1 dose
2. PL-30/ tds

Based on repertorial analysis

**Observations and results**

<p style="text-align: center;"><b>0 week</b></p> <p>A well defined lesion on left cheek measuring around 2.4 cm in diameter. The lesion appears reddish pink with elevated skin and induration</p> <p><b>Rx</b> <b>Silicea-200/1D</b> <b>PL-30/TDS</b> <b>*14 Days</b></p>	
<p style="text-align: center;"><b>2 week</b></p> <p>Significant reduction in pain and tenderness no discharge with drying with no nodular swelling</p> <p><b>Rx</b> <b>Silicea-200/1D</b> <b>PL-30/TDS</b> <b>*14 Days</b></p>	



### Diet and regimen

The patient was advice to avoid fatty food and increase his fiber intake. The patient was also advice to wash his face with lukewarm water twice a day and avoiding any topical application.

### Results

The patient showed significant with disappearance of nodular acne, no new eruptions and resolution of pain, discharge and inflammation with improvement in social confidence and emotional wellbeing

### Conclusion

The case demonstrates the effectiveness of homoeopathic individualized remedy in treatment of Acne indurata. Silicea was given based on totality of symptoms. The improvement was consistent without relapse and helped the patient physically as well as psychologically and socially. The sustained improvement without and relapse during follow ups indicate homoeopathy can offer safe, gentle and long-lasting results in acne indurata. Although a single case report do not replace larger clinical studies, they provide valuable insights into the scope and potential of homoeopathic medicine in chronic skin ailments. Further controlled studies are recommended to validate these findings on a larger scale.

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### How to Cite This Article

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