



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493

P-ISSN: 2616-4485

www.homoeopathicjournal.com

IJHS 2022; 6(4): 296-299

Received: 16-07-2022

Accepted: 22-08-2022

Dr. SN Sharma

HOD, Department of Organon of Medicine and Homoeopathic Philosophy, Dr. M. P. K. Homoeopathic Medical College Hospital & Research Centre (Under Homoeopathy University) Jaipur, Rajasthan, India

Dr. Gita Rajput

PG Scholar, Department of Organon of Medicine and Homoeopathic Philosophy, Dr. M. P. K. Homoeopathic Medical College Hospital & Research Centre (Under Homoeopathy University) Jaipur, Rajasthan, India

Dr. Sakshi Mewara

PG Scholar, Department of Organon of Medicine and Homoeopathic Philosophy, Dr. M. P. K. Homoeopathic Medical College Hospital & Research Centre (Under Homoeopathy University) Jaipur, Rajasthan, India

Dr. Hari Shankar Tiwari

PG Scholar, Department of Organon of Medicine and Homoeopathic Philosophy, Dr. M. P. K. Homoeopathic Medical College Hospital & Research Centre (Under Homoeopathy University) Jaipur, Rajasthan, India

Dr. Aayushi Gupta

PG Scholar, Department of Organon of Medicine and Homoeopathic Philosophy, Dr. M. P. K. Homoeopathic Medical College Hospital & Research Centre (Under Homoeopathy University) Jaipur, Rajasthan, India

Corresponding Author:

Dr. Gita Rajput

PG Scholar, Department of Organon of Medicine and Homoeopathic Philosophy, Dr. M. P. K. Homoeopathic Medical College Hospital & Research Centre (Under Homoeopathy University) Jaipur, Rajasthan, India

Acne vulgaris to healthy skin by classical homoeopathy: A case report

Dr. SN Sharma, Dr. Gita Rajput, Dr. Sakshi Mewara, Dr. Hari Shankar Tiwari and Dr. Aayushi Gupta

DOI: <https://doi.org/10.33545/26164485.2022.v6.i4e.673>

Abstract

Acne, a common skin disease in adolescence, has a prevalence of nearly 100%. About 60% of affected adolescents have mild acne for which they use over-the-counter formulations without consulting a physician. The remaining 40% constitute the population of acne patients seen in medical practice.

Our aim in publishing the case report is to show the power of individualized constitutional homoeopathic remedy and how beautifully one or two doses can cure an acne case with a single remedy.

Case summary: A female patient aged 20 years reported in our OPD with complaints of acne with severe itching, and atrocious marks of acne on her face and back. Homoeopathic medicine *Pulsatilla nigricans* 1M was prescribed based on the totality of symptoms and prominent mental and physical general symptoms of the patient. This case report with photographic evidence shows the effectiveness of *pulsatilla nigricans* in acne vulgaris.

Keywords: Acne vulgaris, homoeopathic medicine, individualisation, *Pulsatilla nigricans*

Introduction

Acne is one of the most prevalent skin conditions, affecting more than 85% of teenagers. It typically starts at puberty and resolves slowly as the person reaches 20, although some people continue to have acne into their 40s and 50s^[1]. The characteristic lesions of acne are open (black) and closed (white) comedones, inflammatory papules, pustules, nodules, and cysts, which may lead to scarring and pigmentary changes^[2]. The Global Burden of Disease Project estimates the prevalence of acne at 9.4%, ranking it as the eighth most prevalent disease worldwide^[3].

Acne vulgaris of grade I or II in an adolescent is generally not hard to treat, whereas the more severe grades are III and IV^[4]. Acne leads to significant morbidity that is associated with residual scarring and psychological disturbances such as poor self-image, depression, and anxiety, which leads to a negative impact on quality of life^[1].

Presenting complaints

A 20-year-old female presented in OPD with complaints of eruptions on face (cheeks, chin, forehead) and upper back for 3 yrs. Eruptions were small with reddish papules, with no discharge but itching²⁺ which gets worse by dust, sun-rays, warmth, sweat and leaves brownish scars.

- Location – face (cheeks, chin, forehead) and upper back
- Sensation – itching²⁺ only, no pain
- Character – multiple, small, reddish, papular eruptions, no discharge
- Modalities – < dust, sun-rays, warmth, sweat
- Concomitants – N/S

History of presenting complaints

The patient was apparently well, until 3 years ago when she developed small eruptions with itching on face and upper back. Initially, she did not take any treatment. After 6 months of appearance of eruptions, she took allopathic treatment which included local ointments. But after the course of the treatment, eruptions started to reappear. She was worried about her looks and disappointed with the treatment she was taking. Then she came to us and complained.

Family history

- Father – alive and healthy
- Mother – T.B when she (the patient) was 2-3 years old.
- Grand - mother – Asthmatic, Hypertensive, Diabetic
- Brother - urticaria for 2 years and keloid on the chest after an accidental injury 1.5 years back.

Personal history

- Food habits: vegetarian
- Developmental milestones – on time
- Habits/Addictions – N/S
- Hobbies – painting and stitching
- Surroundings at home – nuclear family, 6 members in her family, and favourable neat and clean, well ventilated
- Vaccination – all done, no bad effects

Gynaecological and obstetric history

- Menarche(age)- At the age of 12-13 years, Regular
- LMP- 10th Oct 2020
- Menstrual cycle: 4-5days/24-28 days, regular, normal bleeding
- Quantity – usually normal but some time scanty [1st & 2nd day – 2 pads/ day]
- Character of blood – dark red, slight offensive

Mental generals

- Previously she was mild³⁺ and caring in nature, but now since her complaints have worsened, she has become more irritable and gets angry easily.
- Weeps³⁺ very easily, cried during narrating her complaints
- When she is angry or her mood is upset and someone talks to her or tries to make her understand, she feels better³⁺
- After crying, she feels better
- Fear of darkness³⁺, she never switched off light while sleeping

Physical generals

- Thermal – Hot
- Cravings – spicy food²⁺, she takes very spicy food in her diet
- Appetite – satisfactory, 2-3 meals/day, 2-3

chapatis/meal

- Thirst – thirstless³⁺, drinks 2-3 glasses/ day without desire
- Stool – satisfactory, 1/0 - Day/Night
- Urine – clear, pale yellow, 3-4 times in a day, at night-1
- Perspiration – normal according to season and exertion, staining linen yellow²⁺
- sleep – sound sleep/refreshing, 7-8 hours; position not specific
- Dreams – not specific, related to routine life, does not remember properly.

General physical examination:

- Pallor – No
- Icterus – No
- Cyanosis – Absent
- Oedema – Absent
- Clubbing – Absent
- Lymphadenopathy – Not palpable
- Oral- Teeth/ Tongue/ Gums – moist, slight trembling
- Hair/ Nails – Normal
- Blood pressure – 124/78 mm hg
- Pulse – 80bpm
- Respiratory rate – 18/ mints
- Temperature – 98.6 F
- Height – 155 cm
- Weight – 56 kg

Systemic examination

- Respiratory system- Bilateral vesicular breath sounds heard normal.
- Cardio-vascular System- S1 & S2 heard normal.
- Nervous System- Orientation to time, place and persons
- Gastro-intestinal System- No superficial/deep tenderness; Normal bowel sounds heard
- Locomotor System- Normal.
- Genitourinary system – Normal in colour & frequency

Differential diagnosis

- Acne vulgaris
- Acne rosacea
- Acne fulminans
- Acne conglobata

	Acne vulgaris	Acne Rosacea	Acne fulminans	Acne Conglobata
Gender	Both/ no gender predilection	Women	Mostly Men	Mostly Men
Age	Adolescence and Post adolescence	Post adolescence	Adolescence	Post adolescence
Onset	Gradually	Sudden	Sudden	Gradually
Location	Face, upper chest & back, shoulders	face	Face, neck, chest and back	face, shoulder, chest, buttocks, and thigh.
Clinical features	Comedones, papules, pustules, nodules, cyst & scars	Comedones are rare Papules, nodules & pustules present	Haemorrhagic ulcerations (associated with fever myalgia and arthralgia)	Nodules, inflammatory cysts, polyporous cysts

Diagnosis - acne vulgaris

Acne vulgaris is chronic inflammation of the pilo-sebaceous units. The condition is extremely common; affects nearly all adolescents and usually most severe in the late teenage years, also persist into the thirties and forties, particularly in

females. The characteristic lesions are open (black) and closed (white) comedones, inflammatory papules, pustules, nodules and cysts, which may lead to scarring and pigmentary changes.

Table 1: Analysis of symptoms

Mental generals	Physical generals	Particulars
<ul style="list-style-type: none"> Mild in nature Weeping easily Likes consolation Fear of darkness Irritability and gets anger easily 	<ul style="list-style-type: none"> Thermal-towards Hot Cravings-spicy food Appetite – satisfactory Thirst – thirstless Stool – satisfactory Urine– clear, pale yellow, Perspiration – staining linen yellow sleep – refreshing 	<ul style="list-style-type: none"> Small, reddish, papules on face (cheeks, forehead, chin) & upper back itching only, no pain and discharge Itching aggravated by dust, sun-light, heat, sweat.

Table 2: Evaluation of symptoms

Symptoms	Gradation
Weeping easily	3+
Likes consolation	3+
Mild in nature	3+
Fear of darkness	3+
Thirstless	3+
Desire for spicy food	2+
Perspiration staining yellow on linen	2+
Itching < dust, sun light, heat, sweat	2+
Small, reddish, papular eruptions on face and upper back	1+

Totality of Symptoms

- Weeping easily
- Likes consolation
- Mild in nature
- Fear of darkness
- Desire for spicy food
- Thirstlessness
- Eruptions on face and upper back
- Itching < warmth

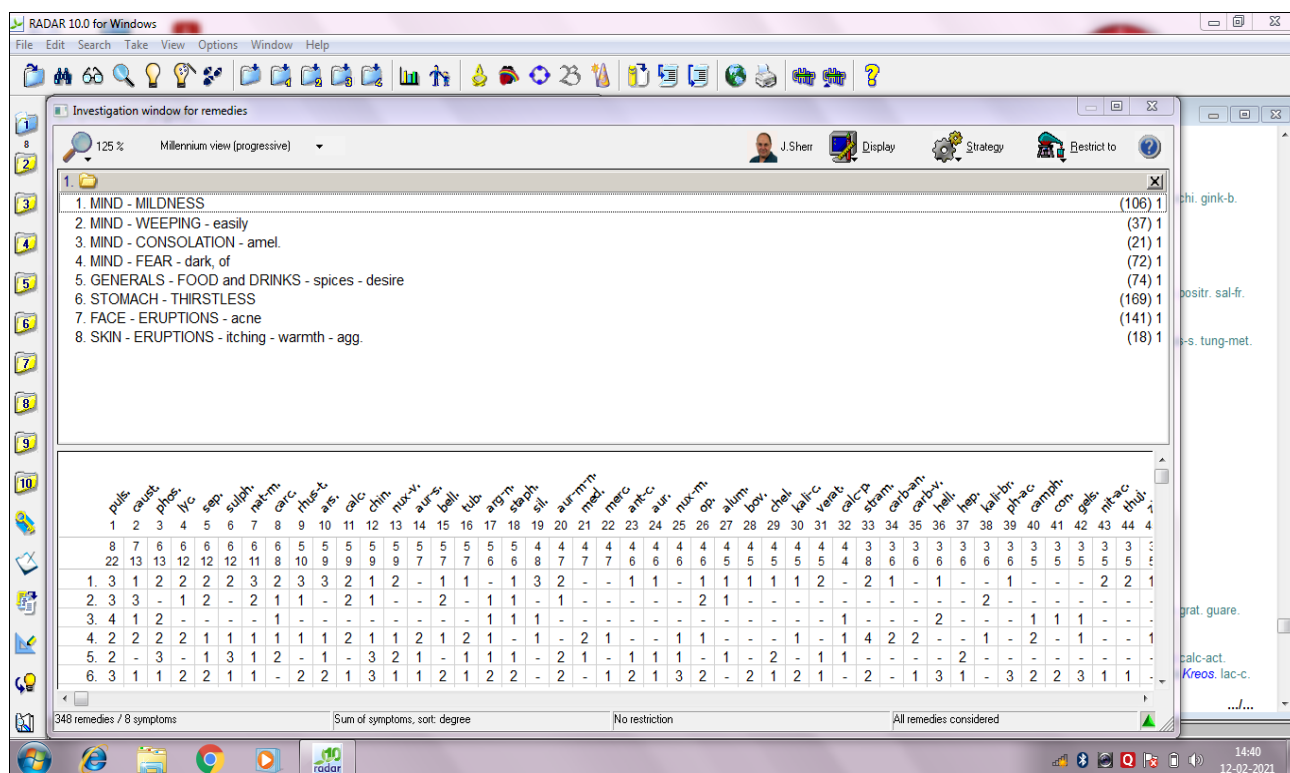
**Fig 1:** Repertorial chart

Table 3: Repertorial result (fig 1)

No.	Medicines	Results (rubrics covered/total score)
1.	Pulsatilla nigricans	8/22
2.	Causticum	7/13
3.	Phosphorus	6/13

Prescription

- First prescription was on 08th Dec 2021
- Pulsatilla nigricans*: 1M/ 1 dose, 4 globules of size 30
- Phytum 30/ tds for 7 days

Table 3: Follow up

Dates	Follow Ups	Prescriptions
15/12/2021	Better in old acne, New ones are appearing Slight Itch persists	Rubrum 200/ 1 dose Phytum 30/tds for 7days
22/12/2021	Better in old ones No new eruptions Itching persists	Rubrum 200/ 1 dose Phytum 30/tds for 14 days
05/01/2022	Better in old ones 4-5 new eruptions appear Itching persisting	<i>Pulsatilla nigricans</i> 1M/ 1 dose Phytum 30/ TDS for 14 days
19/01/2022	Old eruptions better No new eruptions No itching	Rubrum 200/ 1 dose Phytum 30/ TDS for 14 days
09/02/2022	Marks of old eruptions are being light No new eruptions are seen No new eruptions No itching	Rubrum 200/ 1 dose Phytum 30/ TDS for 14 days
23/02/2022	Marks of old eruptions are being light 1-2 new eruptions seen No itching Now no irritability or anger as before	Rubrum 200/ 1 dose Phytum 30/ TDS for 14days
09/03/2022	Old eruptions are better Marks of old eruptions are being light No new eruptions are seen No itching	Rubrum 200/ 1 dose Phytum 30/ TDS for 14 days
23/03/2022	Marks of old eruptions are very light No new eruptions No itching	Rubrum 200/ 1 dose Phytum 30/ TDS for 30 days

**Discussion**

After the repertorisation, three medicines came, out of these *Pulsatilla nigricans* got the maximum number and was very similar to the symptoms of patients and was covering all the rubrics so the remedy was given in high potency based on susceptibility and prominent general symptoms of the patient. One more time, *Pulsatilla nigricans* was given; until the last follow-up, no new eruptions appeared.

Conclusion

After selection of similimum and its administration to the patient, we got good and quick results. The patient was so happy because she had been suffering for a long time and was so disappointed by the treatment she had taken from different pathies and did not get relieved. But now her irritability and frustration is gone that came because of her look. After our rapid gentle treatment, the patient was so much confident.

Conflict of Interest

Not available

Financial Support

Not available

References

- Tan A, Schlosser B, Paller A. A review of diagnosis and treatment of acne in adult female patients. *International Journal of Women's Dermatology* [Internet]. [cited 28 October 2020] 2018;4(2):56-71. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5986265/>
- Kraft J, Freiman A. Management of acne. *Canadian Medical Association Journal* [Internet]. [cited 28 October 2020] 2011;183(7):E430-E435. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3080563/>
- Tan J, Bhate K. A global perspective on the epidemiology of acne. *British Journal of Dermatology* [Internet]. [cited 22 October 2020] 2015;172:3-12.

BEFORE**AFTER**

- Available from:
<https://pubmed.ncbi.nlm.nih.gov/25597339/>
4. Gollnick H, Zouboulis C. Not All Acne Is Acne Vulgaris. Deutsches Aerzteblatt Online [Internet]. [cited 28 October 2020]. 2014;111(17):301-312. Available from:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4098044/>

How to Cite This Article

Sharma SN, Rajput G, Mewara S, Tiwari HS, Gupta A. Acne vulgaris to healthy skin by classical homoeopathy: A case report. International Journal of Homoeopathic Sciences. 2022;6(4):296-299.

DOI: <https://doi.org/10.33545/26164485.2022.v6.i4e.673>

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