



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493

P-ISSN: 2616-4485

www.homoeopathicjournal.com

IJHS 2022; 6(4): 325-328

Received: 27-07-2022

Accepted: 02-09-2022

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Homoeopathic management of Acne vulgaris: A case report

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DOI: <https://doi.org/10.33545/26164485.2022.v6.i4e.679>

Abstract

This is a case of 18yrs old female having pustular eruptions on face treated with individualised homoeopathic medicine. When patient came for consultation, she was presented with pustular eruptions which are painful and leaves scar marks on recovery since last 3 years. Systematic case taking followed by repertorisation of the totality of symptoms was done by Synthesis repertory using RADAR software in order to choose the individualized remedy, and a few medicines including *Nat mur*, and others were shortlisted. The patient responded well to the individualized homoeopathic treatment, i.e., *Nat mur* 200 in 3 doses with gradual and steady recovery.

Abbreviations: Aetius of Amida (AOA), Acne of life (AOL), Hypertension (HTN)

Keywords: inflammatory disease, skin disease, pimple, acne vulgaris, *natrum muriaticum*, homoeopathy

Introduction

Most teenagers will have pimples at some point. Some only have a few small pimples that soon go away again. Others develop persistent and clearly visible acne. This can be very distressing, particularly in puberty. But there are a number of things that can be done about acne, although patience is needed.

Acne vulgaris is a common inflammatory skin condition. Although often perceived as a self-limited disease of adolescence, its prevalence remains high into adulthood. Nearly 90% of teenagers have acne, and half of them continue to experience symptoms as adults. By age 40 years, 1% of men and 5% of women still have lesions. Recent analyses show an increasing prevalence of acne in children, perhaps because of pubertal onset. Given that acne may persist for decades and require long term therapy, there has been a recent effort to reclassify acne as a chronic disease. Acne has clear detrimental psychosocial effects and may lead to permanent scarring. It is therefore not surprising that patients are motivated to seek medical care. In the United Kingdom, acne accounts for more than 3.5 million annual visits to general practitioners, who must therefore be equipped to treat acne. Several prominent groups—including the Global Alliance to Improve Outcomes in Acne, the European Dermatology Forum, and the American Academy of Dermatology—have published comprehensive treatment recommendations detailing comparable therapeutic strategies. Here we provide a streamlined outline of treatment intended for the non-specialist^[1].

Historical Aspect about Acne

Historical records indicate Pharaohs had acne, which may be the earliest known reference to the disease. Sulphur's usefulness as a topical remedy for acne dates back to at least the reign of Cleopatra (69-30 BCE). The sixth-century Greek physician Aëtius of Amida (AOA) reportedly coined the term "ionthos" (lovew,) or "acnae", which seems to be a reference to facial skin lesions that occur during "the 'acnae' of life" (AOL) (puberty).

Acne in ancient Egypt

Some Egyptian writings have mentioned that Pharaohs suffered from acne and had also made efforts to resolve it. Many stories and superstitious beliefs were related to the cause, clinical presentation and treatment of the acne breakouts. Those were accustomed to magic, spells and charms to drive it. In Ebers Papyrus the word 'aku-t' is cited that was later translated as 'boils, blains, sores, pustules or any inflammatory swelling' and is described to be treated with some animal origin preparations and honey^[2].

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Acne in ancient Greek

The earliest description of acne appeared in the ancient Greek writings of the Byzantine physician Aetius Amidenus. The word ‘acne’ appears to evolve from Greek word ‘acme’ which means ‘point or spot’. Several writers were of the opinion that it originated from a Greek word meaning ‘anything that comes off the surface’. From the historical records, both Hippocrates and Aristotle were aware of this illness. Aristotle also explained this condition in detail. The ancient Greeks knew acne as ‘tovoot’. According to the meaning of this word in the singular as ‘the first growth of the beard’ hence it was associated with puberty [2].

Acne in ancient Rome

Ancient Romans had guided initial treatment of acne. In ancient Rome, acne was treated with baths as people there believed that the pores of the skin may be lifted and cleaned with a mixture of sulfur in the mineral baths. Aulus Cornelius Celsus (25 BC-50 AD), a Roman encyclopaedist, has mentioned about this treatment in his extant medical work De Medicina. Cassius in 3 AD interpreted that since this disorder is related to puberty, it is known by the name of ‘akmas’.

Acne in Elizabethan era

In the Elizabethan era (1558–1603 AD), the appearance of women was given primordial importance. An extremely pale complexion was an indication of the elite and hence women began acquainted to the use of layers of Venetian Ceruse, a thick, white lead-based paint that provided a perfect breeding ground for acne. Acne at that time was also contributed to witchcraft. For the management of these pimples, different type of mercury make up was also in use. The caustic mercury erodes the flesh. Henceforth, people restored to the sulfur treatments of antique times [2].

Case summary

Personal data

Name of patient: - Miss. S
 Age: -18Yrs
 Sex: - Female
 Marital status: Unmarried
 Address- Siroli
 Date- 20/09/2021

Presenting complaints

- Patient complained of pustular eruptions on whole face with yellowish discharge for 3 year which is painful on touch leaves scar marks.
- White Discharge for 2 years
 - Character- thick, white
 - <5-6days before menses
 - Associated symptoms-cramps when Discharge is excessive

History of Presenting Complaints

Patient was apparently well 3yrs back then gradually she experienced pustular eruption on face. Took allopathic treatment with temporary relief. Eruption started with itching now become painful on touch leaves scar marks. She was also having complaint of white discharge since 2yrs of thick and white character with associated complaints of cramps.

Past History: Chicken pox (2000)

Family History: Father –History of Hypertension (HTN)

Personal History

- Appetite- Adequate
- Thirst- Thirsty for normal water
- Desire- Fast food, Oily food
- Aversion- Sour things
- Bowel- Regular, Satisfactory, soft stool (D₁N₀), non-offensive
- Urine - Burning urine, frequency increased (D₉₋₁₀N₃₋₄)
- Perspiration – Profuse, on back
- Sleep - 6-7 hours/day
- Addiction- Nothing Significant
- Allergy- Dust
- Thermal Reaction - Hot

Mental Generals

The patient was very aggressive on trifles. Speaks very loudly with others on getting angry and consolation aggravates her anger. Likes to remain alone feels better in silent place. She did not trust anyone easily as she thinks no one in the world is trustworthy except parents. Don’t share his personal matter of life with anyone. Kind to needy people.

Table 1: Analysis and evaluation of symptoms

Physical General INTENSITY	Desire Fast food++	Desire Oily food++	Aversion Sour food+	Urine Burning Frequency Increased (D9-10 N4-5)	Allergy from Dust+
Mental Genaral Intensity	Aggrassive++	Anger <consolation++	desire to be alone Place++	Feel better in silent+	Don’t trust anyone++
Particulars INTENSITY	Pustular+++	Painful Eruptions on Face+	Discharge yellowish++	Itching+++	Leave scar marks++

Provisional Diagnosis: Acne Vulgaris [3].

Totality of Symptoms

- Anger expressive aggravation by consolation.
- Do not like company.
- Pustular eruption on face.
- Discharge yellowish, painful.
- Leave scar marks on recovery.
- Urine is scanty and frequently.
- White discharge per vagina just before menses.

- Leucorrhoea is thick, white.
- Desire for oily and fatty food.

Rubrics Selected [4]:

1. MIND – ANGER- consoled; when
2. MIND - COMPANY – aversion to
3. FACE - ERUPTIONS – acne – pustular
4. FACE – ERUPTIONS acne scars; with
5. FACE – ERUPTIONS – painful – touch agg.
6. URINE – SCANTY – frequent; and

7. FEMALE GENITALIA/SEX – LEUKORRHEA menses – before – agg.
8. FEMALE GENITALIA/SEX – LEUKORRHEA – thick
9. FEMALE GENITALIA/SEX – LEUKORRHEA – white
10. GENERALS – FOOD and DRINKS – fat desire
11. GENERALS – FOOD and DRINKS – oil – desire

The selection of the remedy was based on repertorisation from RADAR 10 software using Synthesis Treasure *edition*, 2009 by Frederick schroyens ^[4] with repertorial result showing top five remedies as *Natr mur.* (14/7), *sepia* (12/5), *Calcarea carb* (10/5), *Nux vom.* (10/5), *Arsenic alb* (9/6).

Prescription: *Natrum muriaticum* 30/BD/5 Days

Basis of Prescription

After analyzing the repertorial results and consultation with *The Guiding Symptoms of Our Materia Medica* ^[5] and *The Dictionary of Practical Materia Medica* ^[6], *Natr mur 30/4glb/BD/5 Days* is prescribed (including symptoms such as anger consolation aggravation, desire for oily and fatty food, frequent urination) with medical history of chicken pox and other characteristic symptoms were also present in *Sepia*, but *Natr mur.* was selected as per oily, greasy look of the face and it scored highest after the repertorization covering all the rubrics of the case. *Natr mur 30* was given for 5 days twice daily after which patient showed improvement in her complaints followed by placebo for 1 month.

	nat-m.	sep.	calc.	nux-v.	ars.	calc-p.	qu.	sulph.	alum.	bov.	carb-v.	knosa.
1. MIND - ANGER - consoled... (9) 1	2			1	1							
2. MIND - COMPANY - aversi... (297) 1	4	3	1	3	1	2	2	2	3	1	2	1
3. FACE - ERUPTIONS - acne... (7) 1												1
4. FACE - ERUPTIONS - acne... (7) 1												1
5. FACE - ERUPTIONS - painf... (19) 1		1					1					1
6. URINE - SCANTY - freque... (25) 1	1										2	1
7. FEMALE GENITALIA/SEX ... (73) 1	2	3	3	2		2	2	2	2	3	2	3
8. FEMALE GENITALIA/SEX ... (87) 1	1	2	3		3	1	2	1	1	2	2	1
9. FEMALE GENITALIA/SEX ... (114) 1	3	3	2	2	2	2	2	1	2	2	2	2
10. GENERALS - FOOD and ... (76) 1	1		1	2	1	2	1	2				1
11. GENERALS - FOOD and ... (5) 1					1							

Fig 1: Repertorial Analysis ^[4]

Analysis of the Case

After analysis and evaluation of the case the characteristic symptoms were used to form the totality “anger aggravation on consolation” was the important mental general in the case. Pustular eruption which is painful and leaves scar marks on recovery, leucorrhoea just before menses were the important particulars and desire for oily and fatty food, frequent urination is important physical general in the case.

Potency

Two hundred and much higher potency is infrequent doses, when Nat Mur fails, sepia often follows advantageously, producing a reaction.

Follow Up



Fig 2: Patient Before and after the treatment

Table 1: Date-wise description of follow-up

Date	Symptoms	Prescription
20-09-2021	Patient 1st visit	<i>Nat mur</i> 30/4glb/BD/ 5 days ("The dose of medicine of the first prescription that acts without producing new troublesome symptoms in to be continued while gradually ascending, so long as the patient with general improvement, begins to feel in mild degree the return to of one or several old original complaints.) (Aph. 248,280) ^[7]
05-10-2021	Slight improvement in eruption on face Scar marks present Pain++ <Touch White discharged slightly relieved URINE- Burning present Improvement in eruption on face	Placebo
20-10-2021	Scar marks slightly disappear Pain is relieved White discharge still persists Urine- Clear, D ₃₋₄ N ₁	<i>Nat mur</i> /30/4glb/BD/5days (According to kent's 11 th observation reappearance of older symptoms and the improvement is standstill then the repetition of the remedy should be prescribed) ^[8]
06-11-2021	Eruption on face Clear Scar marks Clear	Placebo

Discussion and Conclusion

Homoeopathic medicine selected on the basis of principles of homoeopathy proved to be very effective in this case of Acne vulgaris and shown good results of improvement. *Nat mur* was selected on the basis of Pustular eruption which is painful and leaves scar marks on recovery and oily, greasy look of the face and keeping mental generals, materia medica and homoeopathic principles in mind. Treatment was continued for 2 months. There was marked improvement after the first prescription continued with placebo for 15 days, Next dose of *Nat mur* 30 was given after 1 month when the improvement became standstill.

The potency selection was done. on the basis of susceptibility of the patient as stated by Dr Close⁹

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 low potency of 30 was selected for prescription.

Conflict of Interest

Not available

Financial Support

Not available

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How to Cite This Article

Dr. Ajay Vishwakarma. Homoeopathic management of Acne vulgaris: A case report. International Journal of Homoeopathic Sciences. 2022; 6(4): 325-328.

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