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Acne vulgaris: Homoeopathic perspective

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Abstract

Acne, a prevalent condition affecting the pilosebaceous follicle, is noticed. The facial region, dorsal area, and thoracic region are typically implicated. There is a notable decrease in the overall quality of life. There are a multitude of treatments that have been extensively documented in therapeutic guidelines. In homoeopathy there are wide ranges of medicines for acne vulgaris.

Keywords: Acne vulgaris, sebaceous gland, homoeopathy

Introduction

Acne Vulgaris, also called “pimple” in common man’s language, is a very common and highly prevalent skin disorder caused by pathological changes in hair follicles and sebaceous glands [1]. The Greek word "acme" is used to describe a skin eruption is the origin for the word "Acne". Recurring papules, pustules, or nodules on the face, neck, trunk, or proximal upper extremities are the hallmarks of acne vulgaris [2]. Although it does not only affect people of these ages, acne vulgaris is more common in teens and young adults [3].

Epidemiology

The most common age groups for acne vulgaris are teens and young adults. While acne frequently starts in the preadolescent years (between the ages of 7 and 12) and mostly disappears in the third decade, it can continue into adulthood or can even arise de novo. Males are more likely to experience adolescent acne than females; post-adolescent acne affects more women than men [4]. Infantile acne, a variant of acne vulgaris has its origin in infancy. Mid-childhood acne (acne that appears in children between the ages of 1 and 6) is unusual and may be a sign of a more underlying medical condition.

Etiology

Acne is caused by the sebaceous glands being hypersensitive to a normal level of androgens in the blood, due to inflammation caused by *Cutibacterium acnes* (C. Acnes, formerly called *Propionibacterium acne* species) bacteria. Acne can result from the following factors:

- Hormonal changes during puberty and menstrual cycles
- Excessive sun exposure
- Use of occlusive clothing, obstructing the skin pores
- Intake of drugs such as lithium, barbiturates, anabolic steroids and drugs containing halogens like chloride
- Genetics also play a role by influencing the amount of branching fatty acids in the sebum [5].

Pathophysiology

Sebaceous glands that produce sticky sebum are found inside the skin pores. The dead skin cells left behind when the outer layers of skin are shed may end up being "glued" together by the oily sebum. This blocks the pore, especially throughout puberty when the skin thickens. This accumulated sebum behind the obstruction contains C. acnes bacteria [6]. White blood cells begin to phagocytose the bacteria to sustain the infection. The expansion of skin around the white blood cells is the reason for pain that a person could experience when a pimple is present.

Role of androgen: Androgens act on the sebaceous glands by increasing their growth and secretions, thus resulting in excess sebum production and this act as a growth medium.

For *C. Acnes*. By hydrolyzing sebum triglycerides into free fatty acids and glycerol, *C. acnes* uses them as its source of nutrition [7].

Associated factors

1. **Skin trauma:** Repeated mechanical trauma to the skin due to scrubbing the affected skin with soaps, detergents etc. promote the development of inflammatory acne [8].
2. **Diet:** Increased intake of milk and other dairy products has an association with the incidence of acne [9]. High glycemic load diets also have been shown to increase their incidence [10].
3. **Stress:** Stress causes exacerbation of acne [11].
4. **Insulin resistance:** Insulin resistance results in increased androgen production and also increased serum levels of Insulin-like Growth Factor 1 (IGF-1), which is found to be associated with increased sebum excretion in the face [12].
5. **Body Mass Index (BMI):** BMI has an inverse relationship with incidence of acne. Risk for acne is decreased with increased BMI [13].

Clinical features

The face, neck, chest, upper back, and upper arms are among the body parts having a typical correlation between acne vulgaris and big, hormonally responsive sebaceous glands. There may be one or more active lesions like open comedones, closed comedones, papulopustular acne or nodular acne.

Associated diseases

- Polycystic ovarian syndrome: Most common cause of hyperandrogenism in females.
- Late-onset adrenal hyperplasia.
- Adrenal or ovarian tumours.

Diagnosis and evaluation

Diagnosis of Acne vulgaris is completely clinical. Laboratory or radiologic studies are typically only necessary for patients whose clinical evaluations indicate underlying

hyperandrogenism or other particular disorders that necessitate further investigation. Usually, skin biopsies are not required.

Complications

1. **Post-inflammatory hyperpigmentation:** Acne vulgaris might lead to hyperpigmentation at the site of an active or resolving lesion. It usually resolves spontaneously.
2. **Scarring:** Inflammatory acne is most commonly found to result in scarring than the non-inflammatory type.
3. **Gram-negative folliculitis:** Acne vulgaris patients who have undergone chronic treatment with systemic antibiotics, in due course might develop resistance, leading to invasion by gram-negative organisms.
4. **Morbihan's disease (solid facial edema):** It is a very rare complication. It presents as facial soft tissue edema and erythema. Usually, it resolves only on treatment.
5. **Psychological effects:** Acne vulgaris can significantly increase psychologic morbidity and, in rare cases, suicidal tendencies. The social and professional life of those who have the condition may be affected by embarrassment, worry, and low self-esteem brought on by the look of the damaged skin or scars [14].

Skincare in acne vulgaris

A few skin care advice can be given to the patients like

1. Usage of gentle skin cleansers (pH 5.5 to 7), instead of soaps or scrubs (pH 9 to 10) [8]. Low pH minimizes skin dryness and irritation.
2. To avoid aggressive skin scrubbing and hence avoid repeated mechanical trauma
3. To avoid picking acne lesions which might cause additional skin trauma and exacerbate scarring

Dietary advice in acne vulgaris

Apart from avoiding increased intake of dairy products and high glycemic index foods, certain dietary factors such as zinc, omega 3 fatty acids, antioxidants, Vitamin A and dietary fibre which can reduce the incidence of acne can be advised to the patients [15].

Table 1: Homoeopathic Therapeutics

Remedy	Indications
Arsenicum album	Dry rough and scaly < cold and scratching with burning and itching [16]
<i>Berberis aquifolium</i>	Pimples with dry skin, eruptions from scalp to face and neck itching [16]
Calcarea sulphuricum	Purulent exudation on skin with yellow scabs, pimples under hair itching [16]
Graphites	Unhealthy skin pimples with itching, honey-like fluid pale yellow complexion itching [17]
Ignatia amara	Itching with nettle rash very sensitive to air-skin itching [16]
Kali bromatum	Acne of the face with pustules, and itching of the skin itching [16]
Lycopodium	Paleness of face with large red spots, unhealthy skin itching < daytime itching [16]
Natrum muriaticum	Greasy oily skin, dry eruption's with itching and burning itching [16]
Nux vomica	Pale or yellow is colour or skin burning and itching in the morning milliary and pimples eruption itching [17]
Sulphur	Unhealthy skin offensive and excoriating discharge with burning itching [18]

Conflict of Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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