

Evidence-Based Homoeopathic Management of Acne vulgaris: A Clinical Case Report

Dr. Prerna Tiwari 1*, Dr. Shipra Verma Ronia 2, Dr. Mahan Choudhary 3, Dr. Avnija Awasthi 4

- ¹ Associate Professor, Department of Obstetrics & Gynecology, Narayan Shree Homoeopathic Medical College & Hospital, Madhya Pradesh, India
- ² Associate Professor, Department of Repertory, R.N. Kapoor Memorial Homoeopathic Hospital & Medical College, Madhya Pradesh, India
- ³ Associate Professor, Department of Repertory, Ram Krishna College of Homoeopathy & Medical Sciences, Madhya Pradesh, India
- ⁴ Associate Professor, Department of Materia Medica, R.N. Kapoor Memorial Homoeopathic Hospital & Medical College, Madhya Pradesh, India
- * Corresponding Author: Dr. Prerna Tiwari

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Abstract

Acne vulgaris is a chronic disorder of the pilosebaceous unit that causes non-inflammatory lesions (open and closed comedones), inflammatory lesions (papules, pustules, and nodules), and varying degrees of scarring. Homoeopathic medicines, when prescribed after individualization, can play significant role in achieving cure. A 22-year-old female patient attended outpatient department (OPD) chiefly for the complaints of red, pustular and painful eruptions on the face. She had been on conventional treatment for some time without satisfactory relief, so patient turned to homoeopathic treatment. After detailed case taking and repertorisation, Natrum muriaticum 30C was prescribed. Within three months of homoeopathic treatment, the patient showed marked improvement; only residual scars remained, with no recurrence of new eruptions observed during subsequent follow-ups. This case highlights the potential of Individualized Homoeopathic Treatment in the successful management of *Acne vulgaris*.

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Introduction

Acne vulgaris is one of the most common skin disorders which dermatologist has to treat. It mainly affects adolescent, though may present at any age ^[2]. Majority of females suffer from mild to moderate acne at some stage of life although the pathogenesis still stands unknown, but some of the probable reason could be: increase sebum production, ductal keratinization, bacterial colonization of the pilosebaceous duct and inflammation ^[3], hormonal factors, dietary factors such as dairy, oily or processed food, stress and psychological factors, certain medications, cosmetic products and environmental factors (pollution, humidity, excessive sweating) ^[9].

According to WHO it initially appears during the onset of puberty at the time when androgenic stimulation triggers excessive production of extracellular products such as lipases, protease hyaluronidases and chemotactic factors [4].

Prevalence

Globally, *Acne vulgaris* is one of the most common dermatological conditions, affecting nearly 20% of the population, with a prevalence of 80–90% among adolescents in Western countries.

The Global Burden of Disease study (2021) reported an age-standardized prevalence of approximately 9.8% worldwide, accounting for over 633 million affected individuals, ranking acne as the eighth most prevalent disease. In Asia, the prevalence is slightly lower at around 19.4%, while in India, studies show variable figures: hospital-based data report a prevalence of 0.74% in adults above 25 years, whereas community-based observations indicate that 200–300 million Indians suffer from acne, predominantly in the 18–25 years age group, with females comprising up to 81.7% of cases [10].

Type of *Acne vulgaris* [5]:

- **1. Mild acne:** This includes white heads (closed clogged pores) and black heads ^[3]. < 20 comedones < 15 inflammatory lesions, count < 30.
- **2. Moderate and severe inflammatory acne:** Include white heads and black heads plus papules (reddened areas that are elevated above the skin surface) and areas of pustules (pimples- small bumps on the skin that contain visible fluid) [3]. 20-100 comedones, 15-50 inflammatory lesions, or total lesion count <30.
- **3. Nodulocystic acne-** Nodules are deeply embedded solid, often painful lesions. These may develop additional infections and may eventually lead to scaring if not treated. Nodule can be greater than 5mm diameter.

Case Presentation

A 22-year-old female patient visited outpatient department (OPD) on 20.02.2025 with the complaints of red pustular eruptions over face. Yellow discharge from the eruptions which are painful and sensitive to touch aggravated from heat and sun exposure and better by applied cold things. (Water, ice)

History of presenting complaints

Patient was apparently well 4 years back when he had started complaints of pustular eruptions over face. Eruptions appeared after applied squeezed lemon slice over face. At that time, she received allopathic treatment and applies ointments over eruptions and gets no effect. Her Condition gets worse whenever she came in contact to heat and sun rays. Sometime she felt better when applied cold things (cold water, ice).

Past history

No relevant past history.

Family history

- Father Diabetes
- Mother Hypotension
- Sister PCOS

Physical generals

- Appetite- Good
- Thirst- Large quantity of water
- Desire- Salty things
- Thermal- Hot
- Aversion- Sour things cause swelling in all over body

Mentals

- Weeping only when she was alone
- Reserved nature
- She does not want to any one console her
- Dreams of water

Menstrual history

Menstrual cycle regular, with white color of Leucorrhea.

Totality of symptoms

- Weeping only when she was alone
- She does not want to any one console her
- Reserved nature
- Dreams of water
- Painful eruptions over face which are aggravated from sun and ameliorated from cold application
- Yellow discharge from the eruptions
- Leucorrhea white
- Sour things cause swelling in all over body

Miasmatic evaluation for the presenting symptoms showed the prominence of psora miasm ^[6]. Considering the above totality, Synthesis repertory was preferred and RADAR software was used for repertorisation chart is given in figure1.

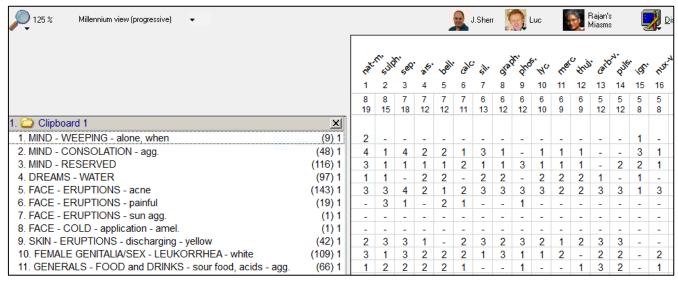


Fig 1: Repertorisation of case from synthesis repertory using RADAR software⁸

Reportorial analysis

On the reportorial analysis Natrum muriaticum has scored highest marks (19/8) followed by Sulphur (15/8), Sepia (18/7), Arsenicum album (12/7) and Belladonna (12/7).

First prescription

On 20/02/25 Natrum muriaticum 30C was prescribed for 7 days on first visit on the basis of reportorial totality and considering the miasmatic background.

Follow ups

Date	Symptoms	Prescription
27/02/25	 Red pustular eruptions over face Discharge from the eruptions present Eruptions are sensitive to touch and painful 	Natrum muriaticum 30C TDS for 15days
14/03/25	Discharge from the eruptions present but patient feeling well	Rubrum 30 TDS for 15 days
30/03/25	 No of eruptions are decreased Discharge from the eruptions subside Intensity of pain decreased 	Natrum muriaticum 30C TDS for 15 days
15/04/25	No new eruption appearsIntensity of pain decreased	Rubrum 30 TDS for 15 days
01/05/25	Eruptions decreased in sizeSlight burning over face	Natrum muriaticum 30C TDS for 15 days
16/05/25	 No of eruptions are decreased On and off burning start over face but patient feeling well 	Rubrum 30 TDS for 15 days
31/05/25	 Eruptions subside only scar remaining over face No pain and burning 	Rubrum 30 TDS for 15 days

Before Treatment









After Treatment









General management Avoid exposure to direct sunlight, maintain hygiene.

Dietary Management Foods to PreferFruits and Vegetables
Probiotics diet like curd

Increase intake of Vitamin C diet
Zinc (Pumpkin seeds, lentils, chickpeas)
Rich in Vitamin A diet (carrot, spinach, sweet potatoes)
Vitamin D- sources- Moderate sunlight exposure 15-20 min/day
Vitamin E & Selenium (nuts, sunflower seeds)
Hydration 8-10 glasses of water daily

Foods to avoid

Avoid excessive Caffeine and Alcohol Dairy Products Fast food or Oily foods Refined sugar

Lifestyle Advice

Maintain stress management (yoga, meditation, deep breathing) Avoid harsh soaps and chemical cosmetics Adequate sleep

Result

Improved

Conclusion

Individualized homoeopathic treatment showed significant improvement in this case of *Acne vulgaris*, both in skin lesions and overall well-being. This highlights the potential role of classical homoeopathy as a safe and holistic approach in managing *Acne vulgaris*.

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