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# HOMOEOPATHIC MANAGEMENT OF ACNE VULGARIS IN AN ADOLESCENT MALE: A CASE REPORT

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## ABSTRACT

**Background**: Acne vulgaris is a prevalent inflammatory skin disorder, primarily affecting adolescents, with significant psychological and social implications. It is characterized by lesions such as comedones, papules, pustules, nodules, and cysts, commonly triggered by increased sebum production, hormonal changes, and *Propionibacterium acnes* colonization. **Case Summary:** A 15-year-old boy presented with multiple painful pustular eruptions, predominantly on the forehead, associated with itching and occasional bleeding, which aggravated on touch, persisting intermittently for 1 year. The individualized prescription of *Silicea* 30C was done after repertorization and analysis and repeated as required.

**Results:** Significant improvement has been observed with the homoeopathic treatment. The Global Acne Grading System (GAGS) assessment showed a reduction in the global score from 24 (moderate) to 0 (none), suggesting good improvement. Recorded photographic evidence also showed improvement. The Modified Naranjo Criteria for Homoeopathy (MONARCH) inventory score was +8, showing causal attribution between the treatment and outcome.

**Conclusion:** This case report details the successful homoeopathic management of a 15-year-old male patient presenting with persistent acne vulgaris, highlighting the role of homoeopathic treatment in such conditions. Further research and well-designed clinical trials are warranted to substantiate these findings and explore the broader applicability of homoeopathic treatments in acne management.

## KEYWORDS

Acne vulgaris, Case report, GAGS, Homoeopathy, MONARCH, *Silicea*.

## INTRODUCTION

Acne vulgaris is a prevalent inflammatory skin disorder, appearing mainly on the face, characterized by lesions such as comedones, papules, pustules, nodules, and cysts.[1] It primarily affects adolescents, with the highest prevalence between 15 and 20 years, significantly impacting the quality of life due to its visible nature and potential for psychological distress.[2] According to the latest Global Burden of Disease (GBD) data, acne vulgaris is the eighth most common skin condition worldwide, with an estimated 9.4% prevalence worldwide, and affects around 85% of adolescents and young adults between the ages of 12 and 24. It is also more common in adolescent boys than in girls. [3–5]

Acne occurs when there is an increase in sebum production due to a hypersensitivity to circulating androgens.[1] The condition is often exacerbated by the bacteria, *Propionibacterium acnes*, which leads to bacterial colonization of hair follicles of the affected part and subsequent inflammation.[6] Apart from this, factors such as genetics, dietary factors (dairy, high glycemic load), psychological stress, hormonal changes (PCOS, pregnancy), and extrinsic factors like sun exposure, occlusive clothing, oil-based cosmetics, and mechanical damage can have a role in the formation of acne.[1,7]

Conventional treatments for acne vulgaris typically involve topical and systemic therapies, including retinoids, antibiotics, and hormonal agents.[8] Isotretinoin is the only drug that can provide remission of acne, but it is not effective in terms of preventing recurrence.[9] Other interventions may be associated with adverse effects and variable efficacy, especially due to the growing resistance of *P. acne* to antibiotics.[8,10] Acne scars, although they are the most common after-effects of acne lesions, are often overlooked during treatment and can cause profound detrimental psychological impacts on mental as well as social life.[11,12] There is a significant requirement for innovation in acne treatment in modern medicine, prompting individuals to explore alternative therapeutic options.[13]

Homoeopathy offers a holistic approach to managing acne vulgaris, emphasizing individualized remedy selection based on the patient's totality of symptoms and aiming to treat the individual constitutionally while addressing underlying causes.[14,15] Several case reports have documented the successful management of acne with homoeopathic remedies, highlighting their potential efficacy and safety.[15,16] This case report demonstrates the application of individualized homoeopathic remedies in managing acne vulgaris, illustrating significant clinical improvement in a 15-year-old male with persistent acne.

## CASE REPORT

**Patient Information:** A 15-year-old boy presented with the primary concern of recurrent pustular eruptions on the face, persisting intermittently for 1 year. The complaints started 1 year ago and have been gradually increasing ever since. These lesions were mainly localized to the forehead and were described as painful, with itching and occasional bleeding, which aggravated on touch (Figure 1).

The only notable past medical event was an episode of jaundice at 11 years of age, which responded well to standard therapy. No specific dermatological interventions for the pustular eruptions have been documented. There is no reported family history of dermatological or other significant medical conditions. No relevant genetic predispositions were identified.

**Clinical Findings:** On physical examination, the patient's general health appeared stable with a normal appetite and a marked preference for fast food, fatty, and salty items. The patient reported a preference for warm environments, indicating a chilly constitution. Irregular bowel movements were reported, with a tendency toward hard stools and profuse and offensive perspiration on the scalp and neck. The patient exhibited a mild and gentle disposition with anxiety about his appearance and difficulty focusing on studies.

**Diagnostic Assessment:** The history and clinical appearance of this case were consistent with acne vulgaris. The diagnostic code for acne vulgaris in the International Classification of Diseases 10$^{th}$ Revision **(**ICD-10) is L70.0.[17]

**Therapeutic Intervention:** Based on the presenting complaints of the patient, the following symptoms were considered for repertorial totality:

- Difficulty focusing on studies
- Mild disposition
- Anxiety, especially about his appearance
- Pustular Acne on the forehead
- Pain and itching of eruptions
- Irregular bowel movements, with a tendency toward hard stools
- Offensive perspiration

Considering the totality of symptoms of the patient, a repertorization chart was prepared using Kent Repertory in the Zomeo Elite Version 14.0.0, considering 09 rubrics[18](Figure 2).

After repertorization and consultation with Homoeopathic Materia Medica as well as consideration of the patient's symptomatology, including painful pustular eruptions, dietary preferences, offensive perspiration, chilly constitution, and mild temperament, *Silicea*[19] was selected as the constitutional remedy. As there was acute pain in this case, *Silicea* was prescribed in 30C one dose daily for five days, along with a placebo for ten days on 06th January 2025.

**Follow-Up:** Follow-up was conducted fortnightly or as required. In the first follow-up, the patient showed mild improvement, so *Silicea* 30C was repeated, one dose daily for five more days, on 20th January 2025. After this prescription, subsequent follow-ups showed good improvement with the disappearance of presenting complaints and no new eruptions; hence, a placebo was given one dose daily for one month (Figure 3). However, the patient was routinely followed up for over the course of a year to rule out other confounding factors, such as seasonal aggravation, dietary influence, etc., especially since he had presented with acne persisting intermittently for 1 year (Figure 4). The Global Acne Grading System (GAGS)[20] was administered pre and post-treatment for assessment of acne grade. The details of follow-ups are outlined in Table 1.

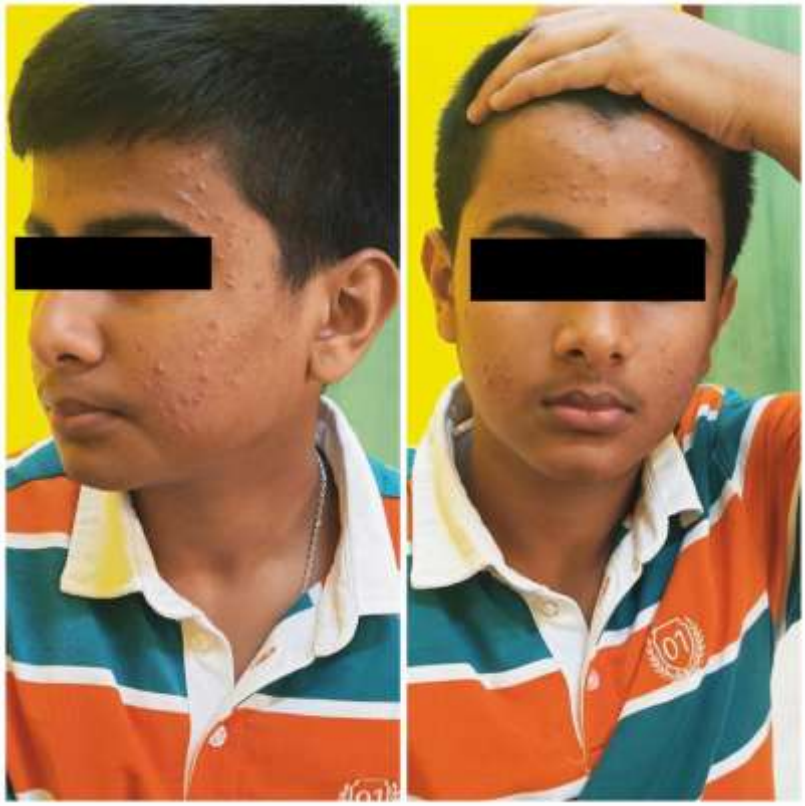

**Figure 1:** Before treatment (06th January 2025)

Repertorisation — Strategy Filters — Remedy Filters

Type Keywords for Quick Repertorisation (Ctrl+F)

Symptoms : 9 Remedies : 235 Filters : Normal

| Remedy | Sil | Sulph | Sep | Nux-v | Nit-ac | Am | Ars | Puls | Rhus-t | Carbn-s | Caust | Hep | Nat-m | Lyc | Phos | Thuj | Carb-v | Lach | Ph-ac |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Totality | 22 | 22 | 21 | 19 | 17 | 16 | 16 | 16 | 16 | 15 | 15 | 15 | 15 | 14 | 13 | 13 | 13 | 13 | 12 |
| Symptoms Covered | 8 | 8 | 8 | 7 | 7 | 7 | 7 | 7 | 7 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 6 | 6 | 7 |
| Kingdom | | | | | | | | | | | | | | | | | | | |
| [Kent ] [Mind]CONCENTRATION:Difficult: (162) | 3 | 2 | 3 | 3 | 2 | 1 | 1 | 2 | 1 | 3 | 3 | | 2 | 3 | 3 | 2 | 3 | 3 | 3 |
| [Kent ] [Mind]MILDNESS: (60) | 3 | 2 | 2 | | 2 | 3 | 3 | 3 | 3 | | 1 | | 3 | 2 | 2 | 2 | | | 1 |
| [Kent ] [Mind]FEAR (SEE ANXIETY):Approaching him, of others:L... | | | | | | 3 | | | | | | | | | | | | | |
| [Kent ] [Face]ERUPTIONS (SEE SKIN):Acne:Forehead: (26) | 3 | 3 | 3 | 3 | 2 | | 2 | | 3 | 3 | 3 | 3 | 2 | | | | 3 | | 2 |
| [Kent ] [Skin]ERUPTIONS:Pustules: (78) | 2 | 3 | 2 | 1 | 2 | 1 | 3 | 2 | 3 | 2 | 2 | 2 | 2 | | 1 | 1 | 2 | 1 | 1 |
| [Kent ] [Skin]ERUPTIONS:Itching: (109) | 2 | 3 | 3 | 3 | 3 | 2 | 3 | 2 | 3 | 1 | 3 | 2 | 3 | 2 | 2 | 1 | 1 | 2 | 1 |
| [Kent ] [Skin]ERUPTIONS:Painful: (61) | 3 | 3 | 2 | 3 | | 3 | 2 | 2 | 1 | | | 2 | | 2 | 1 | 1 | | 2 | 3 |
| [Kent ] [Rectum]CONSTIPATION (SEE INACTIVITY):Difficult stool ... | 3 | 3 | 3 | 3 | 3 | | | 2 | | 3 | 3 | 3 | 3 | 2 | 2 | 3 | 2 | 3 | 1 |
| [Kent ] [Perspiration]ODOUR:Offensive: (59) | 3 | 3 | 3 | 3 | 3 | 3 | 2 | 3 | 2 | 3 | | 3 | | 3 | 2 | 3 | 2 | 2 | |

**Figure 2**: Repertorization chart.

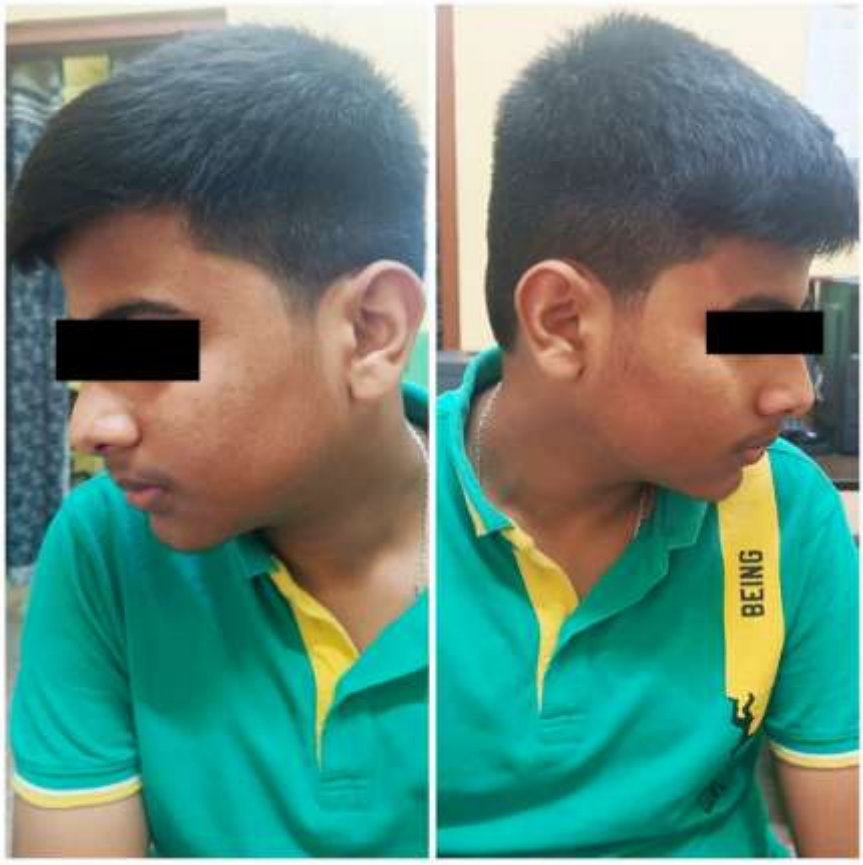


**Figure 3:** After 01 month of treatment (03rd February 2025)

**Figure 4:** After 01 year of treatment (9th January 2026)

**Table 1:** Treatment Timeline

| Date of visit | Main symptoms | Prescription |
|---|---|---|
| 06 January 2025 | Recurrent pustular eruptions localized to the forehead, persisting intermittently for 1 year. These lesions were painful, with itching and occasional bleeding, which aggravated on touch.<br>GAGS Score: 24 (Moderate) | i) *Silicea* 30C<br>One dose daily for five days.<br>ii) Placebo<br>One dose daily for ten days. |
| 20 January 2025 | Reduction in the number and severity of pustular eruptions. Decreased itching and no further bleeding episodes. | i) *Silicea* 30C<br>One dose daily for five days.<br>ii) Placebo<br>One dose daily for ten days. |
| 03 February 2025 | Improvement with no new eruptions. | Placebo<br>One dose daily for 30 days. |
| 18 March 2025 | No symptoms. | Placebo<br>One dose daily for 30 days. |

| | | |
|---|---|---|
| 16 June 2025 | No symptoms. | Placebo<br>One dose daily for 30 days. |
| 23 September 2025 | No symptoms. | Placebo<br>One dose daily for 30 days. |
| 22 November 2025 | No symptoms. | Placebo<br>One dose daily for 30 days. |
| 09 January 2026 | No symptoms.<br>GAGS Score: 00 (None) | Placebo<br>One dose daily for 30 days. |

Abbreviations: GAGS - Global Acne Grading System

**Table 2:** Modified Naranjo Criteria for Assessing Causal Attribution of Clinical Outcome to Homoeopathic Intervention

| **Domains** | **Yes** | **No** | **Not sure** |
|---|---|---|---|
| 1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed? | +2 | | |
| 2. Did the clinical improvement occur within a plausible timeframe relative to the drug intake? | +1 | | |
| 3. Was there an initial aggravation of symptoms? | | 0 | |
| 4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)? | | 0 | |
| 5. Did overall well-being improve? (Suggest using a validated scale or mention changes in physical, emotional, and behavioural elements) | +1 | | |
| 6A. *Direction of cure*: Did some symptoms improve in the opposite order of the development of symptoms of the disease? | | 0 | |
| 6B. *Direction of cure*: Did at least one of the following aspects apply to the order of improvement of symptoms:<br>–From organs of more importance to those of less importance<br>–From deeper to more superficial aspects of the individual<br>–From the top downwards | | 0 | |

| | | | |
|---|---|---|---|
| 7. Did 'old symptoms' (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement? | | 0 | |
| 8. Are there alternative causes (other than the medicine) that, with a high probability, could have produced the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions) | | +1 | |
| 9. Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.) | +2 | | |
| 10. Did repeat dosing, if conducted, create similar clinical improvement? | +1 | | |
| Total score: +8 | | | |

## RESULTS

There was a significant improvement in the patient during the course of the treatment, as seen by the reduction of acne and pain, which resolved completely over the duration of the treatment. The GAGS score also showed a reduction in the global score from 24 (moderate) to 0 (none), suggesting good improvement. The Modified Naranjo Criteria for Homoeopathy (MONARCH) inventory score was +8 (Table 2), which showed causal attribution between the treatment and outcome[21]. This case report has been drafted in conformity with the HOM-CASE guidelines for clinical case reporting.[22]

## DISCUSSION

This case underscores the effectiveness of individualized homoeopathic treatment in managing acne vulgaris. Previous literature corroborates the utility of individualized homoeopathic treatment in similar dermatological presentations. A study involving 83 participants reported a high remission rate of 81.9%, highlighting the potential effectiveness of individualised homoeopathic treatment in managing acne[14]. A case series of five patients with acne treated with individualised homoeopathic treatment also showed good improvement at 3rd and 6th months, showing the effectiveness of individualized homoeopathic treatment in managing acne vulgaris[16].

In this case report, the patient's symptomatology, such as recurrent pustular eruptions with itching and bleeding localized to the forehead, offensive perspiration, a chilly constitution, a

preference for salty and fatty foods, and a gentle temperament, guided the selection of *Silicea* as the similimum. *Silicea* is well-documented for conditions involving suppurative skin eruptions, offensive perspiration, and a chilly disposition[19].

The clinical course showed clear improvement during the one-year treatment period. The reduction in the number, severity, and frequency of pustular eruptions, along with subsidence of itching and absence of further bleeding episodes, was both subjectively reported and objectively verified through GAGS scoring administered pre- and post-treatment, as well as serial photographic documentation (Figures 1,3 and 4).

The Modified Naranjo Criteria for Homoeopathy (MONARCH) score of +8 supports a strong causal relationship between the homoeopathic remedy and the observed clinical improvement. This strengthens the clinical validity of the improvement and highlights the role of homoeopathic treatment in such conditions.

## CONCLUSION

The successful resolution of acne vulgaris in this adolescent patient through individualized homoeopathic remedies highlights the potential of homoeopathy in treating such conditions. However, this case report reflects a single case, and hence, further research and well-designed clinical trials are warranted to substantiate these findings and explore the broader applicability of homoeopathic treatments in acne management.

## DECLARATION OF PATIENT'S CONSENT

Appropriate consent was obtained from the patient and his guardian. The patient has consented to the publication of his images and clinical information in the journal. The patient understands that his name and initials will not be published, and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

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