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A CLASSICAL HOMOEOPATHIC APPROACH IN CHRONIC CYSTIC-PUSTULAR ACNE (GRADE IV) TREATED AT DR BATRA'S® HOMEOPATHY CLINIC: A CASE REPORT

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Abstract

Chronic acne vulgaris of cystic-pustular type significantly impacts self-esteem and quality of life, especially in young females. A 23-year-old female with long-standing recurrent acne with oily skin, open pores, post-acne scarring, and facial redness presented after inadequate response to prior therapies. A classical homoeopathic approach was applied based on totality of symptoms, constitutional assessment, and miasmatic background. Marked reduction in active lesions, pain, redness, and inflammatory flare-ups was observed with improvement in skin clarity over follow-ups. This case highlights a visible clinical transformation achieved at Dr Batra's® Homeopathy Clinic.

Keywords

Acne vulgaris, cystic acne, pustular acne, classical homoeopathy, miasmatic prescribing, repertorisation, HRQL, Dr Batra's® Homeopathy Clinic

Introduction

Acne vulgaris is a chronic inflammatory disorder of pilosebaceous units commonly affecting adolescents and young adults. Grade III-IV acne involves deeper inflammatory lesions such as pustules and cysts, often leading to scarring and long-term psychosocial distress. Conventional approaches may offer temporary relief, but relapses are common. Classical homoeopathy aims at treating the patient as a whole, addressing susceptibility and miasmatic influences along with local pathology.

Case Profile

- Age/Sex: 23-year-old female
- Occupation: Student
- Diagnosis (SM/Clinical): Acne vulgaris (Grade IV), cystic and pustular type

- Duration of illness: 6–7 years (on & off, recurrent)
- Duration of treatment at clinic: 13 months
- Previous treatment history: Ayurvedic treatment (1 month, no improvement); use of cosmetic/biotic skincare products with variable response

Chief Complaints

1. Acne on face with recurrent flare-ups since 6–7 years
2. Oily skin with greasy appearance
3. Open pores and uneven skin tone
4. Post-acne scars/marks
5. Painful pustules with redness and tenderness
6. Itching mainly around chin lesions

History of Present Illness

The patient had acne since late teenage years with gradual progression into inflammatory pustular lesions and occasional deeper eruptions. Lesions were predominantly on the face with extension to shoulders, back, and occasionally chest. The acne remained persistent with frequent flare-ups, causing distress due to visible appearance, scarring, and oiliness. AI-based skin scan reported SEBUM++++ with Porphyrin, correlating with excessive sebaceous activity.

Associated Complaints

- No significant systemic associated complaints reported initially
- Later follow-ups noted: mild hair fall/dandruff concerns (managed separately)

Past History

- Ayurvedic medicines tried 4 months prior (taken for 1 month) → no significant relief
- Cosmetic product use: biotic skincare and body products (intermittent)

Family History

- Brother: acne
- Sister: acne
- Mother: Diabetes mellitus, hypertension, cardiac history
- Father: cardiac history, prostate complaints

Menstrual History

- Menses regular
- Flow: normal, 1–2 days
- Cycle: ~25 days (as per follow-ups)

Personal History

- Appetite: good
- Thirst: ~1–1.5 L/day (later <1 L/day in follow-up)

- Stool: satisfactory
- Sleep: 7 hours, refreshing

Mental & Emotional State

Since childhood, the patient displayed a sensitive emotional makeup with a tendency to become conscious about appearance and comparison with peers. Over the years, she developed increasing self-awareness and embarrassment regarding visible skin lesions, particularly in social settings. As acne persisted into early adulthood, she became more worried about her facial marks and feared that her condition might be incurable. This worry gradually manifested as anxious anticipation before meeting people, along with internal hopelessness regarding complete recovery. She also showed irritability over minor issues, yet remained socially active, talkative, and friendly in familiar surroundings, with a perfectionistic and fastidious streak and heightened concern about her physical features (notably her height and facial appearance).

HRQL impact: Anxiety, embarrassment, worry about visible patches/lesions, and fear of chronicity.

Clinical Examination

- Acne: inflammatory pustules and cystic lesions (Grade III–IV presentation)
- Distribution: face, shoulders, back; occasional chest
- Skin type: oily, greasy face
- Open pores present
- Post-acne scars/marks present
- Tenderness and redness over active lesions
- Itching around chin lesions
- AI scan: Sebum ++++ with Porphyrin

Diagnosis

Acne vulgaris (Grade IV) – cystic and pustular acne

Differential Diagnosis

- Acne conglobata
- Folliculitis
- Rosacea (less likely due to distribution and comedonal history)
- Hormonal acne pattern (considered though cycles regular)

Prognosis

Curable. Reason: Young age, good general health, regular menses, no systemic pathology, and good vitality with strong scope for constitutional response.

Homoeopathic Case Analysis

Particulars:

- Acne: cystic/pustular, recurrent for 6–7 years
- Painful, sensitive to touch
- Redness of lesions
- Itching mainly on chin
- Oily skin, greasy face
- Open pores, uneven tone
- Post-acne scars/marks
- Lesions on face + shoulders + back + occasional chest

Mind:

- Anxiety about visible lesions
- Embarrassment due to appearance
- Hopelessness/fear of incurability
- Irritable at small things
- Fastidiousness and conscientiousness

Generals:

- Appetite good
- Thirst low-moderate
- Sleep refreshing

LSMC

The patient's primary stressor was social appearance-related concern, aggravated by chronic recurrence and scarring. Repeated failures with previous therapies increased her insecurity, leading to hopelessness and persistent worry. Emotional distress and self-consciousness acted as maintaining factors, affecting overall quality of life and confidence.

Repertorial Rubrics (Selected)

1. Mind – Anxiety – health, about
2. Mind – Embarrassment / self-consciousness
3. Mind – Hopelessness / despair of recovery
4. Mind – Irritability – trifles, from
5. Face – Eruptions – acne
6. Skin – Eruptions – pustules
7. Skin – Eruptions – painful
8. Skin – Eruptions – itching
9. Skin – Oily / greasy
10. Skin – Scars – acne scars / marks

Repertorisation

- Chronic recurrent pustular acne with oily skin

- Marked psychosocial impact (embarrassment, anxiety, hopelessness)
- Deep-seated susceptibility suggesting miasmatic influence

Top remedies considered:

- Psorinum
- Hepar sulph
- Echinacea

Miasmatic Understanding

The chronicity (6–7 years), recurrence, inflammatory lesions, and scarring tendency suggested a mixed miasmatic background with dominant psoric-sycotic expression. A deep anti-miasmatic remedy was planned to address constitutional susceptibility, followed by supportive therapeutics.

Prescription

Prescription Plan:

1. Anti-miasmatic constitutional remedy: Psorinum 200C
2. Therapeutic support remedy: Berberis aquifolium 30C

Potency Reasons:

- 200C: selected for deeper constitutional/miasmatic action and chronicity
- 30C: selected for therapeutic/local skin support and safe repetition when required



Figure 1: Facial photographs before and after homoeopathic treatment

Follow-up & Outcome

Follow-up Table

Date / Visit	Patient Status (Key Changes)	Prescription / Advice
04/07/2025 (Baseline)	Grade III–IV acne, pustules + comedones, oily skin, open pores, scars, redness, pain, chin itching; sebum++++ on AI scan	Constitutional + therapeutic plan initiated; skincare guidance; monitoring planned
26/07/2025	Acne better, had minor trigger episode; AI skin clearer	Continued medicines as per response
24/08/2025	No active acne, skin clear; improvement maintained	Continued maintenance; sessions advised
27/09/2025	Irregularity in medicine/therapy noted; advised regularity	Reinforced compliance; continued regimen
03/11/2025	Acne better; new concern: hair fall >100/day; dandruff present	Hair support added; booster planned every 15 days
06/12/2025	Acne fully better; only marks/scars remain; hair fall mildly reduced; dandruff reduced	Scar/marks care advised; continued supportive plan
07/01/2026	Much better; only few pustules occasionally; scalp itching improved; general state stable	Continued follow-up and supportive care

Transformation Table

Parameter	Before Treatment	After Treatment (13 months)
Acne activity	Frequent recurrent flare-ups	Markedly reduced; no active acne at multiple visits
Lesion type	Pustular + cystic with comedones	Mostly cleared; occasional mild pustules only
Pain/tenderness	Present, sensitive to touch	Absent/minimal
Redness/inflammation	Marked	Reduced significantly
Itching (chin)	Present	Reduced
Sebum/oiliness	Sebum++++, greasy face	Improved oil control (AI skin clearer)

Open pores/texture	Prominent	Improved texture; pores less prominent
Scars/marks	Present, distressing	Residual marks only (active lesions resolved)
Emotional state	Embarrassment, anxiety, hopelessness	Improved confidence and reduced worry
Quality of life	Social self-consciousness	Better acceptance and comfort socially

Discussion

1. This case demonstrates the usefulness of classical homoeopathy in chronic recurrent cystic–pustular acne with significant psychosocial impact.
2. The patient had long-standing disease with visible scarring and repeated flare-ups, indicating deep susceptibility rather than a purely local skin disorder.
3. Conventional and alternative measures used previously did not provide sustained improvement, reinforcing the chronic nature of the complaint.
4. Totality of symptoms included both dermatological expressions (pustules, pain, oiliness, scars) and mental-emotional features (anxiety, embarrassment, hopelessness).
5. Repertorial evaluation guided remedy selection based on characteristic symptoms and constitutional expression.
6. A miasmatic approach was applied due to long duration, recurrence, and scarring tendency.
7. Improvement was observed in inflammatory activity, pain, redness, and frequency of outbreaks over serial follow-ups.
8. Objective improvement was also supported by AI skin scan findings showing clearer skin and reduced active acne changes.
9. The patient's HRQL improved as acne reduced, demonstrating the holistic impact of treatment beyond lesion clearance.
10. This case supports the role of individualized homoeopathic prescribing in improving chronic acne outcomes with sustained relief when taken regularly and monitored systematically.

Conclusion

A 23-year-old female with chronic Grade IV cystic–pustular acne of 6–7 years duration showed significant clinical improvement under classical homoeopathic treatment. Individualized prescribing based on totality, repertorisation, and miasmatic consideration resulted in reduction of inflammatory lesions, pain, redness, and recurrence tendency, with improved skin clarity and emotional well-being. The outcome highlights the value of constitutional homoeopathic management in acne with long-term chronicity and scarring tendency. A visible transformation was achieved at Dr Batra's® Homeopathy Clinic.

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