

 International Journal of AYUSH	IJAYUSH International Journal of AYUSH AYURVEDA • YOGA • UNANI • SIDDHA • HOMEOPATHY https://internationaljournal.org.in/journal/index.php/ijayush/	ISSN: 2349-7025
		OPEN ACCESS
		★ PEER REVIEWED ★
		MONTHLY

Original Research Article	Volume 15 Issue 08	August 2026
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HOMOEOPATHIC MANAGEMENT OF ACNE ROSACEA IN A YOUNG FEMALE: A CASE REPORT AT DR BATRA'S

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DOI: <https://doi.org/10.5281/zenodo.22080543>

Abstract

Acne rosacea is a chronic inflammatory facial dermatosis characterized by erythema, papular or pustular eruptions and, in some patients, recurrent flares associated with environmental, dietary, emotional and lifestyle factors. This case report describes a 19-year-old female student presenting with sudden-onset facial acne rosacea involving the forehead, maxillary region and chin. Clinical examination showed facial redness, pustular eruptions, tenderness and yellow fluorescence around follicles on Wood's lamp examination. The patient was notably conscious about her appearance, emotionally sensitive, frequently cried and reported persistent overthinking about her future.

During follow-up, the case evolved to reveal additional individualizing features including irregular dietary habits, preference for fast food and spicy food, emotional reactivity, violent anger with suppression of expression, nail biting, fear of lizards, hypersomnia and prolonged screen exposure. Menstrual cycles remained approximately regular, although lower abdominal pain and premenstrual leucorrhoea were reported.

The case was approached through individualization using the patient's mental generals, physical generals, local symptoms, modalities and associated complaints. Pulsatilla was considered on the constitutional plane based on the recorded changeability of mood and sensitivity, while Myristica was recorded as a skin-directed remedy for the itching component. Follow-up documentation showed progressive reduction in active acne, redness and recurrence, with subsequent persistence mainly of residual acne marks.

Keywords: Acne rosacea, acneiform eruptions, individualization, homoeopathy, Pulsatilla, Myristica, case report, young female

Introduction

Acne rosacea is a facial inflammatory condition characterized by erythema and inflammatory lesions that may include papules and pustules. Facial appearance can have a substantial psychological impact, particularly in adolescents and young adults.

Individualized homoeopathic case management attempts to consider not only the local dermatological presentation but also the patient's characteristic mental and physical generals, associated complaints, modalities, lifestyle and individual response to the illness.

The present case was documented in a 19-year-old female student presenting with a sudden facial eruption diagnosed clinically as acne rosacea. The case is notable for the evolution of the symptom picture during follow-up, with prominent emotional sensitivity, concern regarding appearance, persistent thoughts about the future, dietary irregularity and later-defined emotional and behavioural characteristics.

Case Presentation

Table 1: Case Presentation

Parameter	Case details
Age	19 years
Sex	Female
Occupation	Student
Chief complaint	Acne rosacea
Duration at initial presentation	Approximately 2 months
Onset	Sudden
Sites involved	Forehead, maxillary region and chin
Appearance	Redness with pustular acne
Local sensation	Tenderness
Wood's lamp	Yellow-root follicles with surrounding redness
Acne marks	Present around previously burst lesions
Perspiration	Initially normal
Perspiration odour	Initially non-offensive
Staining	Initially absent
Associated complaints	No significant associated complaints initially
Menstrual history	Regular, approximately 30-day cycle
Mental state	Very conscious about appearance, frequent crying, persistent thoughts, overthinking about future
Initial treatment history	No treatment taken prior to presentation

History of Presenting Complaint

The patient presented with acne rosacea of approximately two months' duration. The eruption had appeared suddenly over the face and was predominantly distributed over the forehead, maxillary region and chin.

On examination, facial redness and pustular lesions were observed. The lesions were tender. Wood's lamp examination showed yellow-root follicular fluorescence with surrounding redness. A few post-inflammatory acne marks were present around previously ruptured lesions.

No significant associated systemic complaints were reported at the initial consultation.

The patient had not taken treatment previously for the presenting complaint.

Evolution of the Case During Follow-up

Table 2: Evolution of the Case During Follow-up

Follow-up period	Clinical status
Initial presentation	Sudden facial acne rosacea with redness, pustular lesions and tenderness
Early follow-up	Patient reported improvement, although a few new eruptions were still appearing
September 2025	Acne remained improved; occasional new eruptions continued. Dietary and menstrual details were documented
October 2025	Old acne lesions reduced substantially; only one new lesion was reported on the chin, with slight residual redness
November 2025	No new acne reported; old lesions reduced and facial redness decreased
January 2026	Acne continued to improve; no new eruptions; redness reduced
February 2026	Continued improvement; acne reduced and no significant new lesions reported
March 2026	Overall acne better, although a few lesions and residual marks remained
June 2026	A further episode of acne rosacea was documented with facial perspiration, redness/inflammatory skin features and a more developed mental-general picture

Physical Generals

Table 3: Physical Generals

Parameter	Finding
Appetite	Initially regular; later became irregular
Meals	Regular initially, subsequently reported as irregular
Breakfast	Sometimes skipped
Food preference	Fast food and non-vegetarian food
Craving	Spicy food
Thirst	Approximately 2 L/day
Stools	Generally satisfactory
Urine	Normal initially; later described as concentrated
Perspiration	Later became profuse, particularly over face
Perspiration odour	Later reported offensive from axillary region
Staining	Later reported present
General weakness	Present
Nails	Severe nail biting
Tongue	Clear
Acidity	Not generally present; occasional after outside food
Sleep	Hypersomnia later documented
Screen exposure	Approximately 6 hours/day

Menstrual and Female Generals

Table 4: Menstrual and Female Generals

Parameter	Finding
Menstrual cycle	Approximately 30 days
Regularity	Generally regular
Duration	Around 5–6 days
Flow	Normal
Clots	Few initially; absent in later documentation
Lower abdominal pain	Present, described as severe/unbearable at one stage
Lumbago	Absent
Leucorrhoea	Present before menses

The menstrual history remained broadly regular throughout the documented period, although associated lower abdominal pain and premenstrual leucorrhoea were recorded.

Mental Generals

Table 5: Mental Generals

Mental characteristic	Case expression
Appearance consciousness	Very conscious about her looks
Emotional sensitivity	Frequently cries
Persistent thoughts	Difficulty getting over thoughts
Overthinking	Particularly regarding the future
Anger	Later described as violent
Expression of anger	Suppresses thoughts and is unable to express anger
Fear	Fear of lizard after an episode in which a lizard fell on her
Memory	Later described as sharp
Confidence	Emotional sensitivity noted; initial concern regarding appearance
Nail biting	Marked
Sleep	Hypersomnia
Screen use	Approximately 6 hours/day

The emotional component was therefore not limited to simple concern regarding the skin. The case record documented a tendency toward persistent thinking, future-oriented overthinking, frequent crying and later suppression of anger.

Lifestyle and Dietary Factors

Table 6: Lifestyle and Dietary Factors

Lifestyle factor	Observation
Meals	Irregular at later follow-up
Breakfast	Sometimes skipped
Outside food	Preferred
Fast food	Strong preference
Spicy food	Craving
Non-vegetarian food	Preferred
Water intake	Less than approximately 2 L/day
Screen time	Approximately 6 hours/day
Sleep	Hypersomnia
Nail biting	Marked
Stress	Examination-related anxiety reported during one follow-up
Emotional pattern	Suppressed anger with frequent emotionality

Clinical Examination

At initial presentation, examination revealed facial erythema with pustular acne involving the forehead, maxillary region and chin.

Tenderness was present over the lesions.

Wood's lamp examination showed:

Table 7: Clinical Examination

Examination	Finding
Follicular fluorescence	Yellow-root follicles
Surrounding skin	Redness around follicles
Pustules	Present
Tenderness	Present
Acne marks	Present around burst lesions

Investigations and Clinical Assessment

The initial diagnosis recorded in the case was **acne rosacea**.

No significant associated systemic complaint was documented at presentation. Later, because of the menstrual and general complaints, further assessment was suggested in the clinical record, including pelvic ultrasonography and investigations such as vitamin B12, vitamin D, ferritin and thyroid function testing.

The supplied case record does not provide the complete results of these investigations; therefore, no interpretation beyond the documented information is made here.

Individualization of the Case

The case was not considered solely on the basis of the facial lesions. The individualizing features documented during the course of treatment included:

Table 8: Individualization of the Case

Domain	Characteristic features
Mental	Appearance-conscious, frequent crying, overthinking about future
Emotional	Sensitive, later violent anger with suppression
Fear	Fear of lizard
Behaviour	Marked nail biting
Food	Fast food, spicy food, non-vegetarian preference
Appetite	Became irregular
Perspiration	Profuse over face; later offensive axillary odour and staining
Female generals	Premenstrual leucorrhoea, severe lower abdominal pain
Sleep	Hypersomnia
Lifestyle	Approximately 6 hours screen time
Local pathology	Redness, pustules, tenderness
Examination	Yellow-root follicular fluorescence on Wood's lamp

This combination was used for individualization rather than relying only upon the diagnostic label.

Repertorial Analysis

The repertorial information supplied in the case emphasizes mental and general characteristics including sensitivity, industriousness, frowning/disposition, restlessness, fear and thermal generalities.

The major repertorial themes documented were:

Table 9: Repertorial Analysis

Repertorial area	Clinical expression
Mind – Sensitive	Marked emotional sensitivity and concern about appearance
Mind – Industrious	Student-oriented routine and concern about future
Mind – Frown, disposed to	Emotional/mental tension
Mind – Anger	Violent anger later documented
Mind – Suppression	Unable to express anger and suppresses thoughts
Mind – Fear	Fear of lizard
Generalities	Thermal and perspiration characteristics
Female generals	Menstrual-associated complaints

The repertorial analysis should be understood as supportive of the individualization process rather than as a substitute for clinical diagnosis.

Remedies	puls.	ars.	nat-m.	arn.	phos.	kali-c.	lyc.	nux-v.	staph.	bry.	hep.	med.	nit-ac.	petr.	bell.	cocc.	dulc.	graph.	lac-e.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Symptoms Covered	5	4	4	4	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Intensity	7	8	8	6	6	7	7	7	7	6	6	6	6	6	5	5	5	5	5
Result	5/7	4/8	4/8	4/6	4/6	3/7	3/7	3/7	3/7	3/6	3/6	3/6	3/6	3/6	3/5	3/5	3/5	3/5	3/5
Clipboard 4																			
MIND - ACCIDENT-PRONE	2		1	3					3			3							
MIND - ANGER	1	3	3	1	2	3	3	4	3	3	4	1	3	3	2	2	2	2	2
MIND - ANXIETY - breathing - suffocative	1	1			1														1
MIND - ANXIETY - sleep - during	1	3	2	1	2	2	2	1		1	1		2	1	2	2	1	2	
MIND - CONFIDENCE - want of self-confidence	2	1	2	1	1	2	2	2	1	2	1	2	1	2	1	1	2	1	2

Figure 1: Repertorization Chart

Remedy Consideration

Pulsatilla

The case record specifically notes **Pulsatilla** in association with:

"changeable mood, confused in routine, sensitive emotionally"

The remedy was therefore considered on the constitutional/mental-general plane according to the recorded case interpretation.

The characteristic features supporting this consideration in the supplied record include:

Table 10: Pulsatilla

Feature	Case correspondence
Changeability	Changeable emotional state/routine documented
Emotional sensitivity	Frequent crying and sensitivity
Appearance consciousness	Strong concern regarding looks
Emotional expression	Marked emotional component
Female complaints	Menstrual-associated symptoms and leucorrhoea

The supplied records do not provide sufficient prescription details to establish the exact potency, repetition schedule or complete sequence of Pulsatilla administration, and these details should therefore not be inferred.

Myristica

The case record also identifies:

"Myristica – specific remedy for skin itching"

This was recorded in relation to the dermatological/itching component. The exact potency, dosing schedule and duration are not provided in the supplied case material.

Accordingly, the present report describes Myristica as **the skin-directed remedy recorded in the case**, rather than making a generalized therapeutic claim about Myristica for acne rosacea.

Therapeutic Approach

The management documented in the case involved individualized homoeopathic care together with routine skin and lifestyle advice.

The documented approach included:

Table 11: Therapeutic Approach

Component	Management recorded
Individualized homoeopathic management	Based on the evolving totality
Skin care	Routine care advised
Diet	Regular meals and improved dietary pattern advised
Outside food	Reduction advised
Spicy food	Reduction advised where relevant
Lifestyle	Attention to routine and sleep
Follow-up	Serial clinical assessment
Menstrual symptoms	Monitored during follow-up
Skin marks	Monitored after active acne reduced

Clinical Outcome

The longitudinal follow-up showed a progressive reduction in active acne.

At an early follow-up, the patient was already described as better, although a few new eruptions had appeared.

By October 2025, the record documented that the old acne lesions had reduced and only one new lesion was present on the chin, with slight redness.

By November 2025, the patient reported that the acne was better, no new acne had appeared, the old lesions had reduced and facial redness had decreased.

In January and February 2026, continued improvement was documented, with no new eruptions and further reduction in redness and acne.

In March 2026, the overall condition was reported as better, although a few acne lesions and residual acne marks persisted.

The later June 2026 record documented another episode of acne rosacea, but importantly, the case at this point contained a more detailed individualizing symptom picture, including violent suppressed anger, emotionality, fear of lizards, irregular appetite, fast-food preference, spicy-food craving, profuse facial perspiration, hypersomnia and nail biting.



Figure 2: Before and After Clinical Photographs

Outcome Summary

Table 12: Outcome Summary

Outcome parameter	Initial status	Subsequent observation
Active acne	Multiple pustular eruptions	Markedly reduced
New eruptions	Present	Eventually absent for prolonged periods
Facial redness	Prominent	Reduced
Tenderness	Present	No significant persistent tenderness documented
Acne marks	Present	Became the major residual concern
Appetite	Regular initially	Became irregular
Spicy-food craving	Present	Later improved
Weakness	Present	Later improved

Outcome parameter	Initial status	Subsequent observation
Menstrual cycle	Regular	Remained broadly regular
Lower abdominal pain	Present	Monitored
Leucorrhoea	Premenstrual	Persisted in documentation
Emotional symptoms	Appearance consciousness, crying, overthinking	Later detailed as suppressed violent anger and emotional sensitivity

Follow-up Timeline

Table 13: Follow-up Timeline

Date	Important clinical observation
2025	Initial presentation with acne rosacea involving forehead, maxillary region and chin
2025	Improvement noted with occasional new eruptions
29 September 2025	Acne better; few new eruptions; dietary, menstrual and emotional symptoms recorded
28 October 2025	Old acne reduced; only one new chin lesion; slight redness
15 November 2025	No new acne; old lesions and redness reduced
2 January 2026	Continued improvement; no new eruptions
9 February 2026	Acne further reduced; no new eruptions
14 March 2026	Overall acne better; residual acne marks remained
30 June 2026	New/recurrent episode documented with a more complete mental and physical totality

Discussion

This case demonstrates the importance of documenting an evolving symptom picture rather than restricting case analysis to the local skin pathology.

The initial presentation was primarily dermatological, with sudden facial pustular eruptions, redness, tenderness and characteristic follicular changes on Wood's lamp examination. However, subsequent consultations revealed several additional characteristics that contributed to individualization.

The psychological impact of facial disease was particularly relevant. The patient was described as highly conscious of her appearance and frequently cried. She also reported difficulty getting over thoughts and persistent overthinking regarding the future. Later case taking revealed a different but complementary emotional dimension: violent anger, suppression of thoughts and inability to express anger.

Physical generals also evolved during the follow-up. Dietary irregularity, preference for fast food and spicy food, profuse perspiration, offensive axillary odour, nail biting and hypersomnia became part of the broader case picture.

The menstrual history remained broadly regular, but severe lower abdominal pain, clots and premenstrual leucorrhoea were documented. These associated symptoms were considered part of the complete case rather than isolated complaints.

The repertorial analysis supplied with the case demonstrates an attempt to integrate mental generals, physical generals and local pathology. Pulsatilla was recorded in relation to the

constitutional picture of changeable mood and emotional sensitivity, while *Myristica* was recorded as a skin-directed consideration for itching.

The longitudinal documentation is an important strength of the case. Rather than relying on a single before-and-after assessment, the record contains repeated observations over several months, allowing changes in active lesions, recurrence, redness, associated symptoms and general wellbeing to be followed.

At the same time, the later recurrence/new episode documented in June 2026 demonstrates that improvement in the active lesions should not automatically be equated with complete resolution of the underlying dermatological condition. Continued follow-up and objective dermatological assessment remain important.

Clinical Interpretation of the Case

The case can be viewed as having three interconnected layers:

Table 14: Clinical Interpretation of the Case

Layer	Case findings
Disease presentation	Facial erythema, pustular acne, tenderness, follicular changes
Individualizing physical generals	Food preferences, perspiration, sleep, appetite, menstrual symptoms, nail biting
Individualizing mental generals	Appearance consciousness, emotional sensitivity, crying, overthinking, suppressed anger, fear of lizard

The treatment approach recorded in the case therefore moved beyond the diagnosis of acne rosacea and incorporated the patient's broader individual symptom expression.

Patient-Centred Lifestyle Considerations

Table 15: Patient-Centred Lifestyle Considerations

Area	Finding	Advice documented/appropriate within the case
Diet	Irregular meals, fast food	Regular balanced meals
Breakfast	Sometimes skipped	Avoid routinely skipping breakfast
Spicy food	Craving	Moderate intake
Outside food	Preferred	Reduce frequency
Hydration	<2 L/day	Maintain adequate fluid intake
Screen time	~6 hours/day	Encourage healthier screen habits
Sleep	Hypersomnia	Maintain consistent sleep–wake routine
Emotional stress	Future-related overthinking	Encourage healthy emotional expression and stress management
Nail biting	Severe	Behavioural awareness and reduction
Skin care	Acne-prone skin	Continue appropriate routine skin care

Conclusion

This case of a 19-year-old female with acne rosacea illustrates an individualized approach in which the local dermatological presentation was assessed alongside mental generals, physical generals, dietary habits, menstrual symptoms and lifestyle factors.

The initial picture consisted of sudden facial pustular eruptions with redness and tenderness. During follow-up, the case demonstrated progressive reduction in active acne and redness, followed by persistence of residual marks and later documentation of a recurrent episode.

The individualizing picture included marked appearance-consciousness, frequent crying, persistent overthinking, emotional sensitivity, suppressed violent anger, fear of lizards, nail biting, irregular dietary habits, spicy-food craving, profuse perspiration and hypersomnia. Pulsatilla was recorded as a constitutional consideration, while Myristica was recorded as a skin-directed remedy for the itching component.

The case highlights the value of **complete, longitudinal case documentation**, particularly when the symptom picture evolves during follow-up.

How to Cite this Article

Bhaskar S. Homoeopathic Management of Acne Rosacea in a Young Female: A Case Report at Dr Batra's. Int J AYUSH. 2026;15(08):233-244.